A STUDY TO ASSESS THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING ON ILL EFFECTS OF SMOKING AMONG CARDIAC PATIENTS IN GKNM HOSPITAL, COIMBATORE

Reg No: 30121309

A DISSERTATION SUBMITTED TO THE TAMIL NADU Dr. M.G.R. MEDICAL UNIVERSITY, CHENNAI, IN PARTIAL FULFILLMENT OF REQUIREMENT FOR THE DEGREE OF MASTER OF SCIENCE IN NURSING

APRIL 2014

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Approved by

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CERTIFICATE

This is to certify that the dissertation entitled **A STUDY TO ASSESS THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING ON ILL EFFECTS OF SMOKING AMONG CARDIAC PATIENTS IN GKNM HOSPITAL, COIMBATORE** is submitted to the Faculty of Nursing, The Tamil Nadu Dr.M.G.R Medical University, Chennai. It is the bonafide work done by **Reg: No.30121309** in partial fulfillment of the requirement for the award of the degree of Master of Science in Nursing, Branch-I Medical Surgical Nursing, Sub Specialty - Cardiovascular and Thoracic Nursing, during the academic year 2013-2014.

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Joel.2:21

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ABSTRACT

A pre-experimental study was conducted to "assess the effectiveness of video assisted teaching on ill effects of smoking among cardiac patients in GKNM Hospital, Coimbatore"**.** **Objectives: 1.** To assess the level of knowledge and attitude on ill effects of smoking among cardiac patients **2.**To assess the effectiveness of video assisted teaching on ill effects of smoking **3.**To associate the pre-test knowledge and attitude score with selected demographic variables **Research design:** Pre-experimental one group pre-test post-test design. **Setting:** Cardiac wards & OPD's of G. Kuppuswamy Naidu Memorial Hospital, Coimbatore. **Samples:** Sixty subjects were selected who fulfilled the inclusion criteria. **Sampling techniques:** Convenient sampling technique. **Conceptual framework** The conceptual framework used for this study was the modified Imogene King Transaction Process Model. **Method:** A pre experimental one group pre test post test design was adopted. 60samples were selected by simple random sampling technique. The pre test level of knowledge was assessed by using structured interview questionnaire and attitude was assessed through the attitude scale. Video assisted teaching was provided on an individual basis followed by the pre test. Post-test was conducted using the same questionnaire. Outcomes were evaluated by descriptive and inferential statistics. **Results:** The mean knowledge score was 8.01 with standard deviation of 2.889 and with the "t" value of 20.82. Paired"t" test showed a significant difference in pre test and post test level of knowledge on ill effects of smoking at 0.05 levels. This finding indicated that the video assisted teaching was effective in improving the knowledge on ill effects of smoking among cardiac smokers. There was an association between levels of knowledge and education. **Conclusion**: The study concluded that, video assisted teaching on ill effects of smoking was an eminent, cost effective and harmless intervention to create awareness among cardiac smokers to help them quit smoking.

CHAPTER – 1
INTRODUCTION

"Kill it before it kills you"

"Health is wealth and a wonderful gift given by God"
It's our duty to preserve it, for a healthy living.
Good health is a precious priceless asset,
But smoking cigars kills it....

(**Brooke Shields)**

Smoking is a major public health problem around the world; especially in developing countries. The largest preventable cause of death in the industrialized world today is smoking. Smoking kills around 1200 persons every day and at least one individual every 10 seconds. It is estimated that by the year 2025, around 75% of early death would occur in developing countries due to tobacco. According to the global statistics, around one third of the current smokers are just within the age group of 15 years. **(http;//en.wikipedia.org/wiki/tobacco-smoking)**

Smoking is a practice in which the tobacco was burned and its fume is either tasted or inhaled. Primarily it was administered for recreational purpose, because the tobacco combustion releases the active substance nicotine and makes them available to be absorbed through the lungs. The most commonly used method of smoking in the recent past is through cigarettes, which are manufactured by the industries and also rolled by the cottage workers. Other forms of smoking include pipes, bidis, cigars, vaporizers, bongs and hookahs. **(http;//en.wikipidea.org/wiki/smoking)**

Passive smoking otherwise known as second-hand smoke (SHS), is the act of inhalation of smoke, released by an active smoker. It occurs when the tobacco smoke is permeated through the environment, and it is inhaled by innocent people within that environment**.** The most common effect of passive smoking is lung cancer. It also increases the risk of blood vessel diseases, other lung diseases, and heart disease.

(http://en.wikipedia.org/wiki/Passive_smoking)

Smoking history has its origin dates back to 5000-3000 BC when the South Americans cultivated tobacco for their agricultural businesses. Consumption evolved by burning the plant either by accident or with intent. The practice worked its way also in shamanistic rituals. Ancient civilisations such as Babylonians, Indians, and the Chinese burnt incense for their religious purposes. Christians also adopted these practices later. Americans had its origins in the ritual ceremonies. Although later it became a pleasurable act and a social tool. They believed that tobacco as a gift from God and the exhaled tobacco smoke could carry one's prayers and thoughts to heaven. **(http://en.wikipedia.org/wiki/history_smoking)**

Tobacco is the single largest cause of preventable death globally. The most common tobacco related diseases affects the liver, lungs and heart, and remains as major risk factor for cardiovascular diseases, pulmonary diseases like chronic obstructive pulmonary disease, stroke and all types of cancers**.(World Health Organisation)**

The health effects of cigarette smoking are very drastically destructive and deadly in many cases. Cigarette contains 7000 chemicals approximately out of which 250 are poisonous and 70 are carcinogens. Science is far from investigating the composition of artificially manufactured tobacco stuff, and there is still increasing in the chemical count. The ingredients in cigarette affect everything including interior functions of organs and reduce efficiency of the immunological system. The health hazards of the cigarette smoking are extensive and destructive. **(Terry Martin 2012)**

Cigarette smokers have decreased life expectancy as compared to the non-smokers. According to a study conducted by the Centres for Disease Control and Prevention in the late 1990s, stated that smoking shortened smokers' lives by 13.2 years among males and 14.5 years among females. Smoker's life expectancy is between 35 and 69 years than the non smokers. But not all of the health problems that are related to smoking lead to death. Smoking affects the health of the smoker's in various ways, affecting all the organ of the body and leading to many diseases. Some studies stated that the male smokers are likely to be sexually impotent (erectile

dysfunction). It takes away the person's quality of life. Smoking limits a person's daily life by making it harder to breathe, work, play, or get around.

(American Cancer Society, 2012)

Almost twenty percent of all cardiovascular deaths are directly related to tobacco smoke. This is so evident in coronary artery disease, because the only contributing factor is cigarette smoking. The risk of heart attack and heart diseases greatly increases with the number of cigarettes smoked by an individual. All smokers have 2-4 times higher the chance of harbouring a heart disease and continue to increase their risk of heart attack during the long run. The chance of developing heart disease is two to four times higher among non smokers. Women who smoke also increase their risk heart attack several times, as compared to non smokers. (**http://www.webmd.com/smoking-cessation/quit-smoking-heart)**

According to the report of National Heart Lung and Blood Institute, it was explained that the coronary artery disease occurs in smokers and the damage to blood vessels caused by the tobacco build plaque in the arteries. This plaques attack the heart, causes arrhythmias potentiates to possible deaths. Blood pressure and heart rate are affected enormously due to the addictive substance nicotine. Smokers are often the victims of spasmed arteries which lack blood flow to the heart. Blood clotting is an added stress to the smoke.(**Bridget Colia 2010)**

Smoking damages the lungs and airways, not sparing even the delicate air sacs which control oxygen transfer in and out of the body. Smoking can result in chronic bronchitis and emphysema. Continuous smoking over years leads to chronic airway obstruction and makes breathing more difficult according to the results of centres for disease control and prevention, ninety percent of lung cancer deaths in men were due to tobacco smoke and it increases their risk of dying by twenty three percent. Even the bystander who is exposed to the passive smoke is at higher risk of acquiring lung disease. **(Centres for Disease Control and Prevention 2009)**

Exposure to the chemical such as carbon monoxide and cyanide is responsible for lung damage and results in loss of elasticity of the alveoli, leading to emphysema in a long run. Chronic obstructive pulmonary disease which is caused by

smoking has a permanent and terminal reduction of lung capacity. The symptoms are shortness of breath, chronic cough with expectorant and wheezing. Most common cause of cancer death in the world is lung cancer. **(Christian Nordqvist 2011)**

Passive smoking also contributes to the development of coronary heart disease. It has negative effects on the blood and its vessels and increases the risk of the heart attack. 46,000 non smokers are killed every year due to second hand smoke. Even brief exposure to passive smoke can seriously affect the non smokers who has the history of heart disease.

(**http://betobaccofree.hhs.gov/health-effects/secondhand-smoke/index.html)**

Exposure to the environmental smoke causes 3,400 lung cancer deaths. 25 – 30% of heart diseases are developed due to the environmental smoke at home. Passive smoking causes illness too. Smokers children are affected with respiratory infections, as compared to the non- smoker's children. When pregnant mothers are exposed to second hand smoke they are more prone to deliver low-birth weight babies. **(American Heart Association 2013)**

Second hand smoke has been identified as a possible cause of cancer lungs in non smokers. 35% of lung cancer is gifted to the life partner from a smoking spouse. But its risk is 100% percent for an active smoker **(Suzanne C. Smeltzer & Brenda G. Bare, 2004)**

In most of the developing countries, only very little information is available about the health risks of tobacco. The education to the public is intended to prevent the initiation of smoking, and also for providing information to the smokers as well as to the non-smokers. According to the Framework Convention on Tobacco Control, nations are required to rectify and treat their citizens about the risk of tobacco smoking and its related second hand smoke. Governments must disseminate these information's widely to the public through the mass media coverage and educational outreach programmes.
(http://ash.org.uk/pathfinder/education-communication-and-public-awareness)

NEED FOR THE STUDY

"**Smoking is injurious to health"**

The deleterious consequences of smoking are depicted on all cover pages of the cigarette packs to warn their consumers. Yet it has been traditionally hailed as a gift from God. It is believed to be a miraculous, a cure all physical ills, a solace to lonely soldier and an idle sailor. But it actually is corruptive addict and the worse disease producing product.

The reprehensible habit of tobacco smoke has its prevalence around the world as an outburst epidemic. It reduces the smoker's life expectancy. It alarms the medical cost and potentiates a productivity loss during their span of life. Tobacco consumption always affects the heart, liver and the lungs. Smoking remains a major risk factor for heart attack, stroke, chronic obstructive pulmonary disease, and various cancers affecting the lungs, larynx, mouth and pancreas. It also affects the blood vessels and causes hypertension and peripheral vascular disease. **(Das SK 2008)**

The effects are directionally proportional to the number of years of smoking and the quantity. Studies have proven that its consumption shortens about eleven minutes to the life span. So think wisely before starting the habit. Smoking not only affects the active smoker but also hardens the life of the people around them. Second-hand smoke has massive effect on the health of the innocent bystanders. It causes a wide range of adverse effects, including cancer, asthma and respiratory infections. Even brief exposure to the passive smoke increases the risk of heart attack. Recent researches compared the pregnant women between tobacco smoke exposure and non – exposure. Results proved a higher risk of low birth babies or a congenitally abnormal child among the passive smokers. **(David Rotman, 2000)**

Worldwide, tobacco related deaths is expected to rise from six million per year to more than eight million by the year 2030..If the current trend is allowed to continue smoking would at least kill one out of every six individuals. Every eight second someone dies from tobacco. Smokers are more likely to die before sixty years as compared to non smokers. Cancer lung risks the death rate around twenty

percent. Passive smokers who are exposed either at their home or at work place have their heart disease and lung cancer risks around twenty to thirty percent. Passive smoke causes around 38,000 deaths per annual out of which 3,400 are deaths are due to lung cancers. **(http://www.stopsmokingcenter.net/program/education)**

"The epidemic of tobacco in India requires an urgent attention"..... As per the report it was estimated that by the year 2020 the tobacco consumption will account for more than 1.5 million deaths per year. Cigarette smoking is directly responsible for 20% of all the deaths from heart disease, and figures 120,000 deaths occur annually. Smoking cigars also increases the risk of early death from heart attack although evidence is much suggestive for cigarette smoking. If the smokers are not persuaded to kick the tobacco habit, the health of Indian population could clock up to a death toll of 1.5 million per year by the year 2020. India has a population of 1.2 billion, among which 275 million are tobacco users. Tobacco harm accounts nearly half of all the cancers among males and quarter of all the cancers among females. **(Kate Kelland 2013)**

Cigarette smoking accounts the single largest cause of preventable death worldwide. It is a significant health hazard related to the increased morbidity and mortality in most of the chronic diseases, such as cardiovascular disease, chronic obstructive pulmonary diseases and cancer. Therefore, smoking cessation and the prevention are important in all the countries. Evidence from empirical studies suggests that the national smoking prevention policies, such as banning smoking in public places, increasing the taxes on cigarette excise, and educating the public regarding the harmful effects of cigarette smoking, have positive effects on anti-smoking efforts. **(Yaoh-Shiang Lin, 2013)**

Bayard Robert (2011) conducted a study to describe the knowledge level on the harmful effects of smoking among 18 000 men and women aged 18 years and more. The knowledge questionnaire assessed the health effects of tobacco and their support for a variety of tobacco control measures. The study identified the knowledge gap among the public negative health effects of tobacco use. It's necessary to create

awareness among the public on the ill effects of tobacco and implement various tobacco cessation programmes.

Cigarette smoking contributes to more than 400,000 deaths among Americans every year. **Salim Suranil (2011)** conducted an antitobacco educational program among children's to determine their basic knowledge regarding ill effects of smoking. 82% of the children have answered all the questions rightly soon after the video assisted teaching. The results of this study indicated that a multimedia (i.e., video) educational program is an effective tool to teach and strengthen the anti tobacco messages.

A mass media on the ill effects of smoking was conducted in Karnataka and Goa. Educational information regarding the health hazards of tobacco was broadcasted in All India Radio. Nearly 30% of the potential audience listened to the programme in both states. In Karnataka around six percent and Goa nearly four percent of the tobacco users stopped the smoking habit. In addition, one- third of tobacco users were willing to stop smoking habit and another one- third had already reduced their tobacco consumption. **(Prakash. C. Gupta2003),**

Hospital is an ideal place to educate regarding the harmful effects of smoking and help them to quit smoking. Every smokers admitted at the hospital should be given a brief advise about smoking cessation. **(NICE, 2008).**

Patients are more receptive if their illness is smoking related and they may not be knowledgeable on the ill effects of smoking. Quitting smoking will significantly decrease their risk of recurrent admissions and premature deaths. It is most important to communicate them on adverse effects of smoking, if not they may feel it is not pertinent to them and continue to smoke even after the discharge.**(Department of Health, 1999).**

Hospital is a teachable moment for the health care personnel and the smokers. Nurses have wide access to patients in many health care settings ranging from the community to the hospitals and they being the primary care givers can educate the clients about ill effects of smoking. Even the basic education given by a nurse can help the patient to quit smoking. **(Peto et al, 2004).** A video assisted

teaching is a planned systematic teaching programme which is mainly intended to educate the smokers on the hazards of smoking, change the smoking attitudes, to increase the quitting intentions and quit attempts, and to reduce the adult smoking prevalence

Therefore, the purpose of the present study is to identify the effectiveness of a video assisted teaching on ill effects of smoking among cardiac patients. The researcher strongly believes that, the result of the proposed study can enhance the knowledge on ill effects of smoking and also help them to quit smoking.

STATEMENT OF THE PROBLEM

"A Study to Assess the Effectiveness of Video Assisted Teaching on ill Effects of Smoking among Cardiac Patients in GKNM Hospital, Coimbatore"

OBJECTIVES:

- To assess the level of knowledge and attitude on ill effects of smoking among cardiac patients
- To assess the effectiveness of video assisted teaching on ill effects of smoking
- To associate the pre-test knowledge and attitude with selected demographic variables

OPERATIONAL DEFINITIONS

Effectiveness

It refers to the significant gain in knowledge and attitude on ill effects of smoking

Video Assisted Teaching

It refers to planned teaching programme used to impart information on ill effects of smoking among cardiac patients by using video tapes and video clippings

Ill effects

It refers to the threat that smoking will pose to the cardiac health and life of an individual.

Smoking

It refers to the practice in which a substance, tobacco is burned and the smoke is tasted and inhaled.

Cardiac Patients

It refers to patients who are smokers admitted with cardiac disorders such as myocardial infarction, congestive cardiac failure and coronary artery diseases.

HYPOTHESIS

H1: There will be a significant difference between pre-test and post-test knowledge scores on ill effects of smoking among cardiac patients.

H2: There will be significant association between the pre test knowledge and selected demographic variables

ASSUMPTIONS

- Cardiac patients may not have adequate knowledge on ill effects of smoking.
- Video Assisted Teaching will enhance the knowledge level of cardiac patients.

CONCEPTUAL FRAMEWORK

Conceptual framework or a model is made up of concepts which are the mental image of a phenomenon. These concepts are linked together to express the relationship between them. A model is used to denote symbolic representation of the concepts.

The conceptual framework for this study is based on **"Theory of Goal Attainment" by Imogene King.** This theory focuses on the relationship between the nurse and the patient. It explains how the nurse – patient relationship can influence goals that are set and their level of achievement through transaction process model. The main components of the model are interaction and transactions which are directly observable.

PERCEPTION

- Is the process in which data is obtained through the senses and from memory which are organized, interpreted and transformed. It is not observable but, can be inferred.

- In this study,

    - The researcher perceives that the smokers with cardiac disorders have lack of knowledge and poor attitude on ill effects of smoking

    - The smokers with cardiac disorders have desire to gain more knowledge on ill effects of smoking.

JUDGEMENT

- Refers to the evaluation of the perception to make decision and to take action

- In this study, Judgment denotes creating awareness, may enhance the knowledge and attitude on ill effects of smoking.

ACTION

- Action refers to mental or physical activity to be achieved.

- In this study,

    - Action refers to the plan for assessment of knowledge and attitude on ill effects of smoking

    - The smoker's action is that they are inquisitive to learn the facts on ill effects of smoking

COMMUNICATION

- Communication is the two way process between the individuals which enables them to set goals.

- ❖ Here, the communication is initiated between the researcher and the smokers with cardiac disorder to mutually set goal to enhance knowledge on ill effects of smoking

REACTION

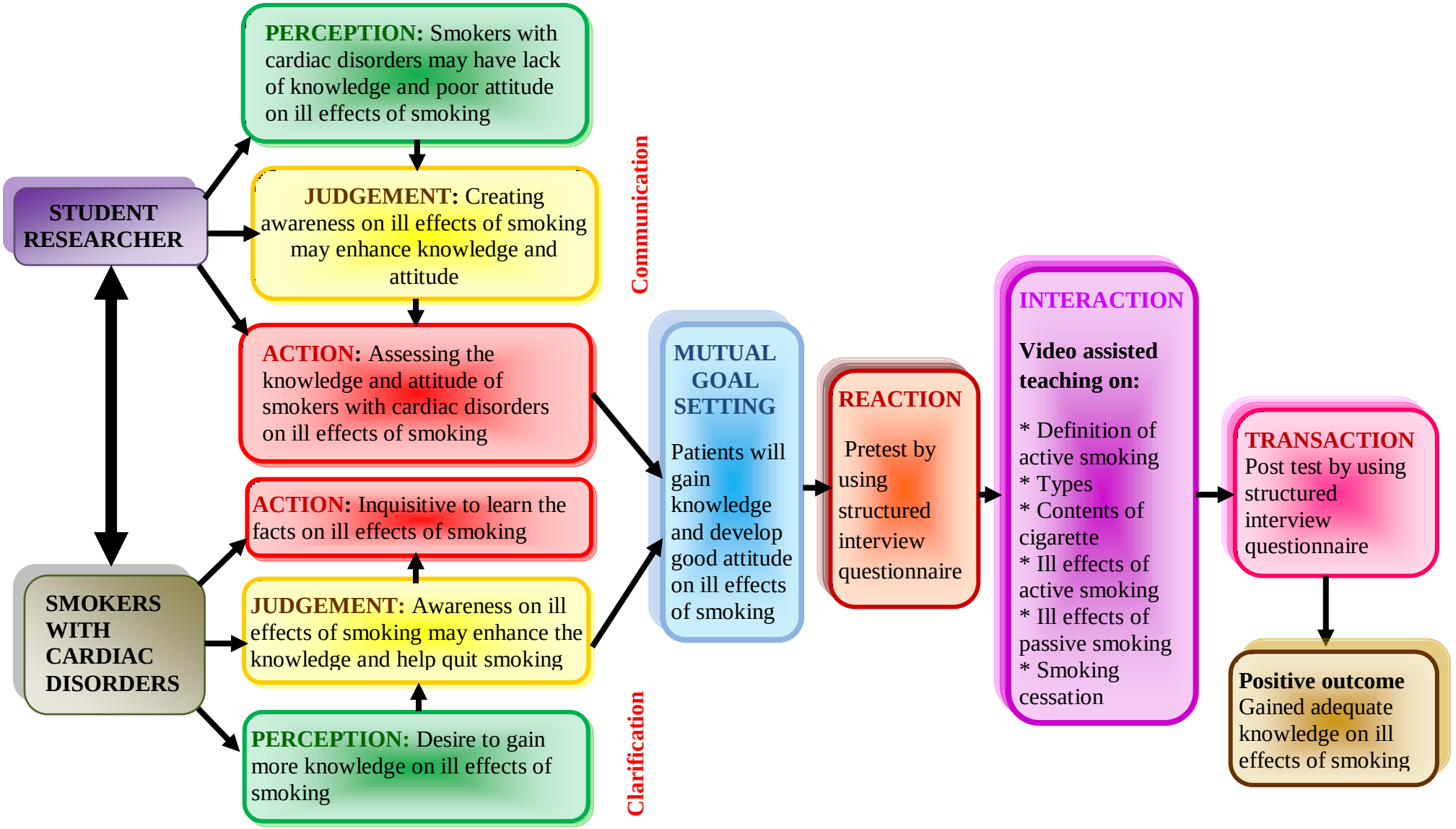
- ➢ Reaction refers to the consequences or results of the action
- ❖ In this study the reaction is assessing the knowledge and attitude on ill effects of smoking by structured interview questionnaire.

INTERACTION

- ➢ It is defined as the observable verbal and non verbal goal directed behaviour.
- ❖ In this study, the interaction involves the implementation of video assisted teaching on ill effects of smoking.

TRANSACTION

- ➢ Is the process of interaction between two individuals to attain the goal.
- ❖ In this study, transaction is the assessment of enhanced knowledge after the video assisted teaching



MODIFIED IMOGENE KING'S GOAL ATTAINMENT MODEL

CHAPTER II

REVIEW OF LITERATURE

Review of the literature is the key step in the research process. It is broad, comprehensive in depth, systematic and is a critical review of the scholarly review of the scholarly publications, unpublished scholarly print materials, audio visual materials and personal communications.

(BT Basavanthappa, 2007)

The review of the present study is organised into the following headings:

Section A: Literature related to ill effects of smoking.

Section B: Literature related to benefits of smoking cessation**.**

Section C: Literature related to video assisted teaching on smoking cessation.

SECTION A: LITERATURE RELATED TO ILL EFFECTS OF SMOKING

Shaik RB.,et al (2012) conducted a quasi-experimental study to assess the acute effects of smoking on the cardiovascular and respiratory systems. The study comprised of 97 male volunteers aged more than 17 years. The heart rate, respiratory rate and blood pressure of all the participants, were assessed before and immediately after smoking. The personal details and the status of smoking were collected using a self administered questionnaire. The results revealed that there is a mean increase in systolic blood pressures, heart rates and respiratory rates. The researcher concluded that smoking has a significant acute effect on systolic blood pressure, heart rate and respiratory rate.

In India one of the leading cause of deaths are cardiovascular diseases. The prevalence of cardiovascular risk factors in urban Tamil Nadu is very high. But there is a limited data on the prevalence of behavioural risk factors and overweight. A cross-sectional survey was conducted to find out the prevalence of behavioural risk factors, central obesity and overweight among the rural population of Kancheepuram district in Tamil Nadu. The study population included 10,500 subjects aged 25-64 years. Among them, 4927 (47%) were males, and 1852 (37.6%) were current smokers

and 3073 (62.4%) were current alcohol users. Whereas, among the females, 840 (15.1%) used smokeless form of tobacco. It was revealed that the BMI among these populations remained higher, and the central obesity among the rural population was due to high tobacco and alcohol usage. They were recommended to follow a healthy lifestyle and policy interventions to reduce the prevalence of cardiovascular diseases. **Kaur P., et al (2011)**

About 11% of all the deaths that result from cardiovascular disease are due to smoking. Smoking contributes to the progression of atherosclerosis, the triggering factot for coronary thrombosis, coronary artery spasm, and cardiac dysarrhythmias, and decreases the oxygen carrying capacity of the blood. **Prasad DS., et al (2009)**

Smoking is a important independent risk factor for cardiovascular disease. It leads to the functional and structural impairment of the cardiovascular system. Most of the experimental and clinical investigations regarding the pathogenesis of cigarette smoking, studied the effects of specific components of cigarette smoke. (For e.g. carbon monoxide and nicotine, are the main two chemicals present in cigarette smoke). The results were discussed in terms of tissue species, age, gender and dosage. It can cause damage to the vascular endothelium, decrease the bioavailability and the production of nitric oxide (NO), produces superoxide ions, increases the production and release of the endothelin, and causes thrombosis, endothelial dysfunction, atherosclerosis, coronary artery disease (CAD), infarction and death. **Rahman MM., et al (2007**)

In India for many years the most adult deaths are due to vascular and pulmonary diseases that are particularly among the men smokers. A case- control study was done to evaluate the age-specific deaths due to smoking among the men living in urban and rural places in India. 27,000 urban and 16,000 rural men were taken for the study. In India, more than half of the tuberculosis deaths in the males are due to cigarette smoking. About a quarter of deaths among the smokers are by the use of tobacco at the age between 25-69 years, by which they lose about 20 years of life expectancy. Overall, in India at present smoking causes about 7,00,000 deaths a year, chiefly from respiratory or vascular diseases. **Gajalakshmi V, (2003)**

D. Roth Michael., et al (1998) conducted a study to evaluate the inflammation of airway produced by the habit of tobacco smoking among the forty healthy young subjects, aged between 20 to 49 years. The bronchitis index scores were extensively elevated in tobacco smokers (TS), than in non-smokers (NS). To compare, mucosal biopsies were evaluated for the presence of inflammatory cell infiltrates, vascular hyperplasia, goblet cell hyperplasia and sub mucosal oedema. It was found that 97% of all the smokers, the biopsies were positive for two criteria and 72% of them were positive for three criteria. The study concluded that regular smoking of tobacco by young adults were associated with significant airway inflammation.

Al-Fayez SF., et al (1998) conducted a study to evaluate the effects of cigarette smoking on pulmonary function values in 441 male smokers. They showed a marked decline in pulmonary function values with increasing age that was more pronounced than in the non-smokers. Vital capacity, forced expiratory volume, forced vital capacity mean values of male smokers were significantly lower than those of the corresponding non-smokers particularly in the age group between 20-49 years. Study concluded that cigarette smoking would produce harmful effects on the function of ventilatory capacity and increase the risk of obstructive airway disease.

Passive smoking increases the risk in developing coronary heart disease by 30% approximately. This effect is bigger than ones anticipation regarding the risks related to smoking and the amount of tobacco smoke that are delivered to the smokers and non-smokers. A cross sectional study was conducted in Japan over a period of two months to find out the acute effects of second hand smoking on coronary by non-invasive transthoracic doppler echocardiography among 30 samples. The study findings revealed that the mean coronary flow velocity reserve in the non smokers was considerably elevated than that in active smokers. The study concluded that passive smoking substantially reduces the coronary flow velocity reserve in healthy non-smokers and may cause endothelial dysfunction and reduce the coronary circulation in non smokers. **Otsuka R A ., et al (2011)**

Passive smoking is a threat to non-smokers but its effects on smokers are still under controversy. A cross sectional design was used to find out the impact of passive smoking exposure on the respiratory health of the existing active smokers. 3,999

current male smokers were included in the study. At home alone the smokers exposed to SHS were about 5%, at work place 53% were exposed, and 30% were exposed at both home and work. Those who were exposed to passive smoke at home and at the work had a high prevalence ratio for respiratory symptoms. The study concluded that SHS exposure was strongly associated with increased acute respiratory symptoms among current smokers. **Lam TH., et al (2005)**

Rapiti E., et al (1999) assessed the relationship between the exposure to environmental tobacco smoke (ETS) and lung cancer in non smokers. A sample of 58 and 123 subjects were taken for the case and control groups respectively, by using simple random sampling technique. The study findings revealed that the exposure to ETS during childhood was strongly associated with lung cancer. The risk was particularly high for those who are exposed to cigarettes and bidis. The researcher concluded that ETS exposure may be a strong risk factor for lung cancer.

Ribot. B., et al (2013) assessed the effect of maternal exposure to active and passive smoking and the risk of preterm deliveries and low birth weight. A longitudinal study was conducted among 282 healthy pregnant women. General, obstetrical and haematological data were collected during pregnancy. Pregnant women were classified as "exposed to smoke" (active smoker and passive smoker) and "unexposed to smoke" (non-smokers and women who quitted smoking during pregnancy), is that 59.2% were non-smokers, 18.4% were active smokers, 8.5% were second-hand smokers and 13.8% had stopped smoking. Unexposed pregnant women who stopped smoking had the equal risk of premature deliveries and low birth weight babies as the non-smoker women's. Active and second-hand smokers were at a greater risk of preterm deliveries than non-smoker. The study concluded that active or passive exposure to smoke during pregnancy and lower hemoglobin levels were associated with an increased risk of premature deliveries and lower birth weight babies. Stopping smoking during the pregnancy prevents these detrimental effects.

SECTION B: REVIEW RELATED TO BENEFITS OF SMOKING CESSATION

Jayakrishnan R., etal (2011) conducted a study to compare the incidence of tobacco and the socioeconomic factors in the interventional and the control group

from a particular rural village in Thiruvananthapuram, Kerala. Male's residents selected for the studies were between the age group of 18 and 60 years and the data were collected from them. Among the 928 smokers, 474 subjects were in the smoking cessation intervention group and 454 in the control area. It was found that there was no significant difference between the intervention and the control groups. Most of the smokers in the intervention and control groups belonged to both the upper lower SES groups (64.14% and 57.17%). The study reveals that smoking continues to be a major health problem among the male gender especially in rural villages in Kerala and predominantly among lower socio-economic populations.

Smoking cessation is related with better lung function and a decline in the occurrence and severity of the respiratory symptoms. These changes are obvious within the months of quitting, and are sustained with continuing abstinence. A prospective randomized clinical trial was done in10 North American medical centres, among 3926 smokers with mild-to-moderate airway obstruction. They calculated the lung function yearly for 5 years. Participants who quitted smoking experienced perfection in the forced expiratory volume (FEV) in a year. A subsequent rate of decline in FEV among sustained quitters was half the rate among regular smokers, comparable to that of never-smokers. Smokers with airflow obstruction benefited from quitting smoking in spite of previous heavy smoking, poor baseline lung function, advanced age and airway hyper responsiveness. **P D Scanlon.,et al (2011*)***

Smoking cessation is related with a considerable reduction in the morbidity and the mortality due to tobacco usage. The benefits of the smoking cessation concerning the mortality reduction after smokers quit were assessed. The results of study showed that the mortality risk for those who stopped smoking was considerably lesser than that of the present smokers for all the causes (18%), lung cancer (39%), and ischemic heart disease (54%) and all other type of cancers (22%). These benefits were not visible up to five years, however by the year 17 and thereafter, considerable benefits of cessation were accrued. They concluded saying that the risks from smoking should be widely communicated to encourage the smokers to quit. The smokers, including smoking mothers, should quit early before the medical disorders have been surfaced, to have the maximum benefits of smoking cessation. **Chi Pang Wen, (2005**)

Hiroyasu Is., et al (2005) conducted a 10-year prospective cohort study among 94,683 Japanese (41,782 men and 52,901 women) aged 40–79 years. After smoking cessation there is a reduction in the risk of getting coronary artery disease and other cardiovascular disease by 2 years and risk of getting stroke by two to four years. For both age subgroups (40–64years) and (65–79 year), most of the benefits of cessation occurred mainly after 10–14 years. Findings implicit the significance of smoking cessation at all age group mainly to avoid cardiovascular disease among the Japanese

Richard Doll., et al (2004) conducted a prospective study to contrast the ill effects of cigarette smoking in men who developed their habits of smoking at different ages, and the extension in reduction of risk when smoking habit is stopped at various ages among 34, 439 male British doctors. Cessation at different ages like 60, 50, 40, or 30 years gained, about 3, 6, 9, or 10 years of life expectancy respectively . Among the men population, those who started the habit of cigarette smoking from their early life tripled the age specific mortality rates, but cessation at the age of 50 halved the harmful effects, and cessation at age of 30 years reduced most of the risk of mortality.

The relationship between the smoking and smoking cessation on the risk factors of cardiovascular disease and the level of the inflammatory markers were estimated. The inflammatory markers might be the most precise indicator for atherosclerotic disease. The results shown that five years after smoking cessation the inflammatory markers returned to baseline levels that were reliable with the time frame related to the reduction in the cardiovascular risk. The researcher suggests that with reduced exposure to tobacco and smoking cessation the inflammatory markers that are constituent with the cardiovascular disorders and as a result smoking can be reversed. **Arvind Bakhru., et al (2003**)

Nina S. Godtfredsen., et al (2002) investigated the association between the changes in smoking habits and the mortality rate by collecting data from three large studies conducted in the cities of Copenhagen, Denmark. The study incorporated a total of 19,732 individuals. With the help of Cox proportional hazards model, intense smokers (≥15 cigarettes/day) who decreased their daily tobacco usage by at least 50% without quitting smoking and the participants who quitted smoking were associated

with the persons who continued smoking profoundly. The study concluded that the adjusted hazards ratio for cardiovascular disease the hazard ratio was (HR) = 1.01, for respiratory diseases, HR = 1.20, for tobacco-related cancers, HR = 0.91, and for all-cause mortality, HR = 1. The data substantiate that smoking cessation decreases the mortality risk.

Donald H. Taylor., et al (2002) determined the extension of life obtained from quitting smoking at different ages. The results showed that the life expectancy of the smokers who quit smoking at the age of 35 gained 6.9 to 8.5 years for men and 6.1 to 7.7 years for women when compared to that of continuing smokers. Smokers who quit at earlier ages had greater life extensions. On the other hand, even those who quit at later in their life gained some benefits, among the smokers who stop smoking at the age of 65 years, amongst them the men exceeded 1.4 to 2.0 years of life, and the women gained 2.7 to 3.7 years of life. The researcher concluded that stopping smoking as early as possible was essential, but cessation at any age groups provides significant life extensions

It is important to understand the consequent risk of death and the possible benefits of invasive cardiac procedures and secondary preventive therapy to patients after an acute myocardial infarction. The risk of death was determined among 2,887 patients following first acute myocardial infarction (AMI) attack. To investigate the effect of different baseline characteristics, revascularization procedures on coronary artery disease (CAD) pharmacological therapies and all mortality outcomes the logistic regression and survival analysis were used. Percutaneous transluminal coronary angioplasty, β-blockers and statins were all related with major reduction in longer-term CAD-related mortality. Though, not every patient underwent secondary preventive therapy (8.7%), diabetes, stroke, heart failure, smoking and obesity had increased risk of mortality. Independent of other baseline characteristics smoking increased the chance of longer-term mortality. Therefore, the provision of smoking cessation and optimal treatment were likely to be vital for the decline in the mortality among patients after AMI. **Simpson CR., et al (2011)**.

The effect of smoking cessation on heart rate variability and blood pressure among the usual smokers was assessed. They investigated the effect of one week of

smoking cessation on ambulatory heart rate, heart rate variability and blood pressure, in thirty nine normotensive male habitual smokers. The twenty four hour ambulatory blood pressure and the heart rate were much lower during the non-smoking period than in the smoking period. The plasma epinephrine and nor epinephrine concentrations was significantly lower in the non-smoking period than in the smoking period. These results demonstrated significant and instant benefits of smoking cessation on these cardiovascular indices. **Junichi Minami., et al (1999)**

Ron T Van Domburg., et al(2000) conducted a study to determine the influence of quitting smoking on mortality after undergoing coronary artery bypass graft surgery (CABG). The results showed that the constant smokers had a larger relative risk (RR) of death from all the cause (RR 1.68) and cardiac deaths (RR 1.75) as compared with the patients who quit smoking for at least one year following the surgery. The calculated benefit of survival for the quitters increased from 3% at five years to 14% at fifteen years. The quitters were less likely to undergo a repeat CABG or a percutaneous coronary angioplasty procedure (RR 1.41).The researcher concluded that cessation of smoking was therefore strongly recommended after CABG. Clinicians were expected to start smoking-cessation programs in order to help the smokers to quit smoking, following the CABG surgery.

Musallam KM ., et al (2013) evaluated the association between the current and the past smoking habits and the risk of vascular and respiratory events and postoperative mortality among patients who underwent major surgeries. The effects of current and past smoking (>1 year prior) on the postoperative outcomes were assessed among 607,558 adult patients undergoing major surgeries. 1,25,192 current smokers and 78,763 past smokers were taken for the study. Increased odds of postoperative mortality were revealed among current smokers. The adjusted odds ratios were compared among current and past smokers, it was high in the former for the arterial and for the respiratory events. There was no effect on the venous events. There is an evident increase in the adjusted odd ratios for mortality in the present smokers who had the history of smoking for less than 10 pack-years, while the effects of smoking on arterial and respiratory events were evident with increased pack-years. Smoking cessation at least one year prior to a major surgery can abolish the

increasing risk of postoperative mortality and reduces the risk of respiratory events and arterial events obviously in current smokers.

SECTION C: REVIEW RELATED TO VIDEO ASSISTED TEACHING ON SMOKING CESSATION

Varghese (2012) conducted a study on the effectiveness of video assisted teaching programme on knowledge regarding the effects of passive smoking among mothers with under five children. The study showed that in the pre test, 38 (63.33%) mothers with under five children had inadequate knowledge and 22 (36.67%) had moderate knowledge regarding effects of passive smoking. After the administration of the video assisted teaching programme there was an improvement in the knowledge level. 13(21.67%) mothers with under five children had gained adequate knowledge and 47(78.33%) had moderate knowledge regarding the effects of passive smoking, which indicated that the video assisted teaching programme was effective.

Brijesh Kumar., et al (2012) conducted a study to assess the effectiveness of a video teaching program about the harmful effects of tobacco smoking and alcohol consumption on knowledge and self reported practices of the adolescent students, so as to commence a preventive action and to endeavor against the hazards of tobacco and alcohol dependence. A pre experimental method (one group pre-test post-test design) with a quantitative evaluative approach was adopted. The pre-test and post-test knowledge score was analyzed using paired t-test which showed that there was a significant enhancement in the knowledge about the dangerous effects of tobacco and alcohol use ($t=27.61$, $p=0.001$). Majority (88.17%) of the adolescents perceived the harmful health effects of smoking. The researcher concluded that the video teaching program showed a significant enhancement of knowledge about the adverse effects of tobacco and alcohol use. It was suggested that there should be a constant encouragement to change the lifestyle of adolescence so as that the addictive habit of tobacco and alcohol can be prevented.

The Video Doctor plus is an effective adjunct to the routine prenatal care through promoting health care provider advice and in reduction of smoking among pregnant women who are smokers. **Tsoh JY ., et al (2011)** examined the use of a Video Doctor plus to support provider advice and smoking cessation outcome among pregnant mothers in five community prenatal clinics. A total of 410 pregnant mothers underwent screening for behavioral risks including tobacco use. The intervention yielded a considerable reduction in the number of cigarettes smoked a day in the number of days smoked.

Smoking is harmful to health. On an average, lifelong smokers lose 10 years of life, and about half of all the lifelong smokers have their lives shortened by smoking. Stopping smoking reverses or prevents many of these harms. However, cessation services achieve variable success rates with smokers who want to quit. A study was conducted to develop and evaluate a smoking cessation program combined with an Internet-assisted instruction program to help the smokers to quit smoking and to evaluate the efficacy of the programme in changing the attitude towards smoking, behaviour of smoking and self- efficacy for smoking cessation. The results showed that the approach of combined smoking cessation programme and the Internet Assisted Instructions were highly effective. **Hsing- Hsia Chen (2006)**

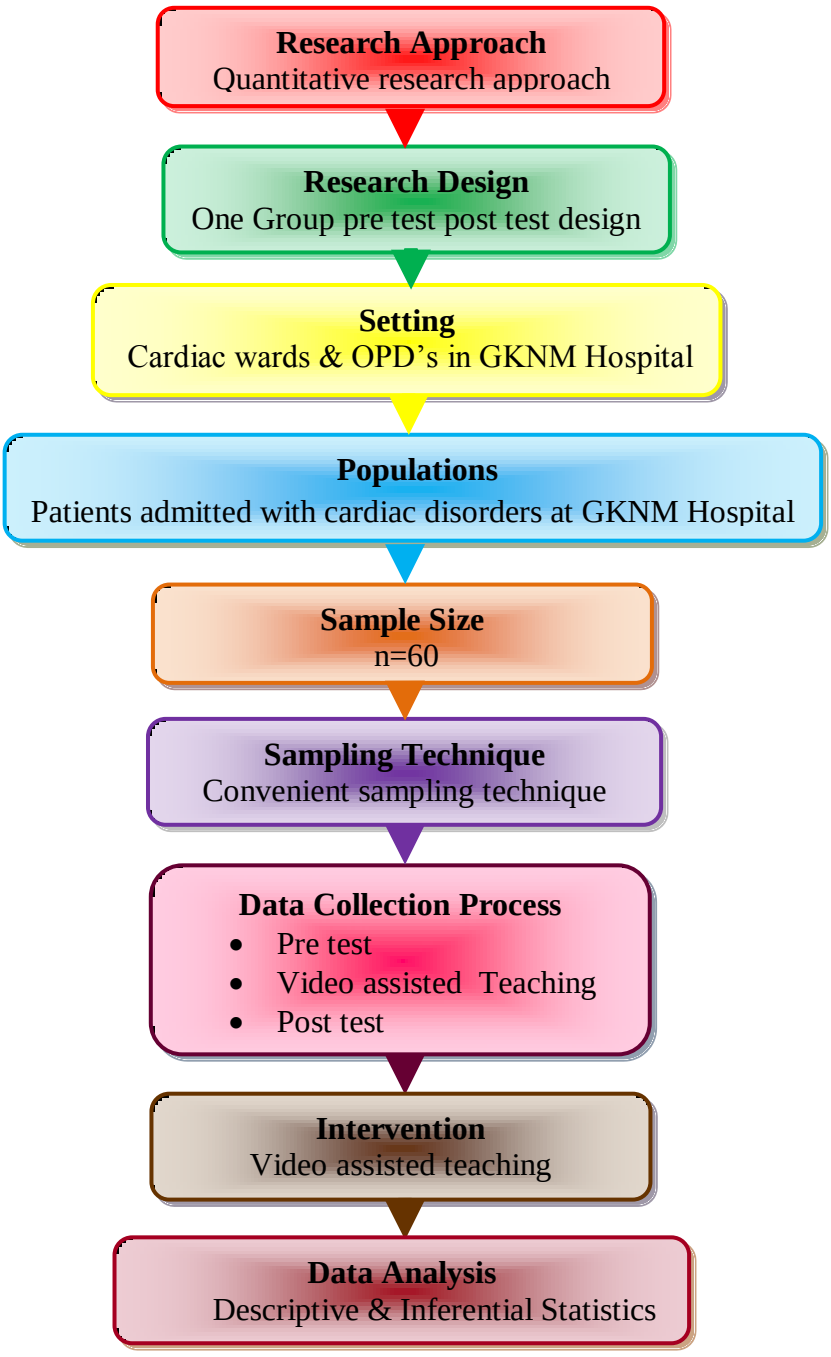
Video is a good and effective method of patient education in enhancing short-term knowledge. There is no advantage in promoting compliance along with medical regimen and in improving the long term knowledge. The strength of a video is role-modelling. Role-modelling in video decreases the patients' pain, anxiety, and sympathetic arousal in knowledge, coping ability and cooperation. When applied in well-defined, self-limited and in stressful situations. **Gagliano ME (1996)**

CHAPTER III

METHODOLOGY

Research methodology is the systematic way to solve the research problem. Methodology is one which enables the research to project a blue print of the research undertaken.

FIGURE 3.1 SCHEMATIC REPRESENTATION OF RESEARCH METHODOLOGY



RESEARCH APPROACH

Quantitative research approach was selected to assess the effectiveness of video assisted teaching on ill effects of smoking among cardiac patients.

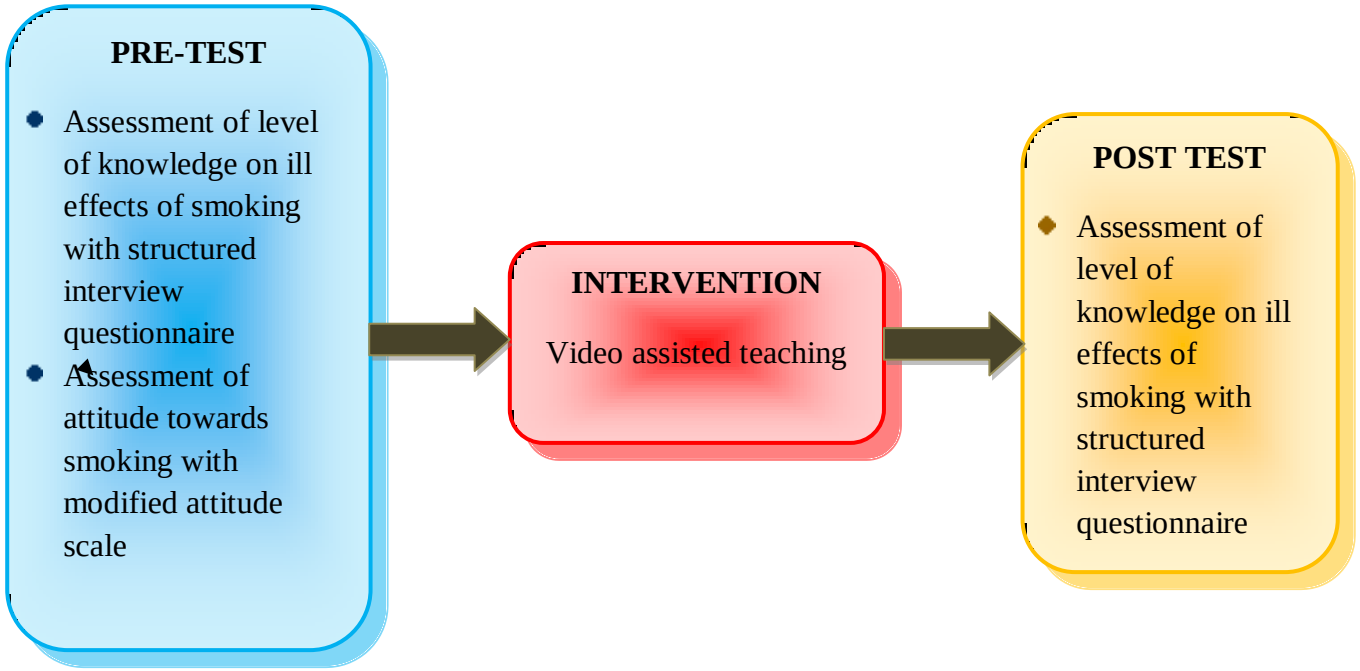
RESEARCH DESIGN

The research design provides an overall plan for conducting the study. Quasi pre experimental one group pre test post test design was selected for this study.

It consists of one group ie; experimental group which are pretested before the implementation of video assisted teaching. The pre-test score was used as a base to compare with the post-test score. The post-test score represent the effectiveness of video assisted teaching on ill effects of smoking.

FIGURE.3.2: SCHEMATIC REPRESENTATION OF RESEARCH DESIGN

O1 **X** **O2**



O1 = Pre-test X = Intervention O2= Post-test

VARIABLES

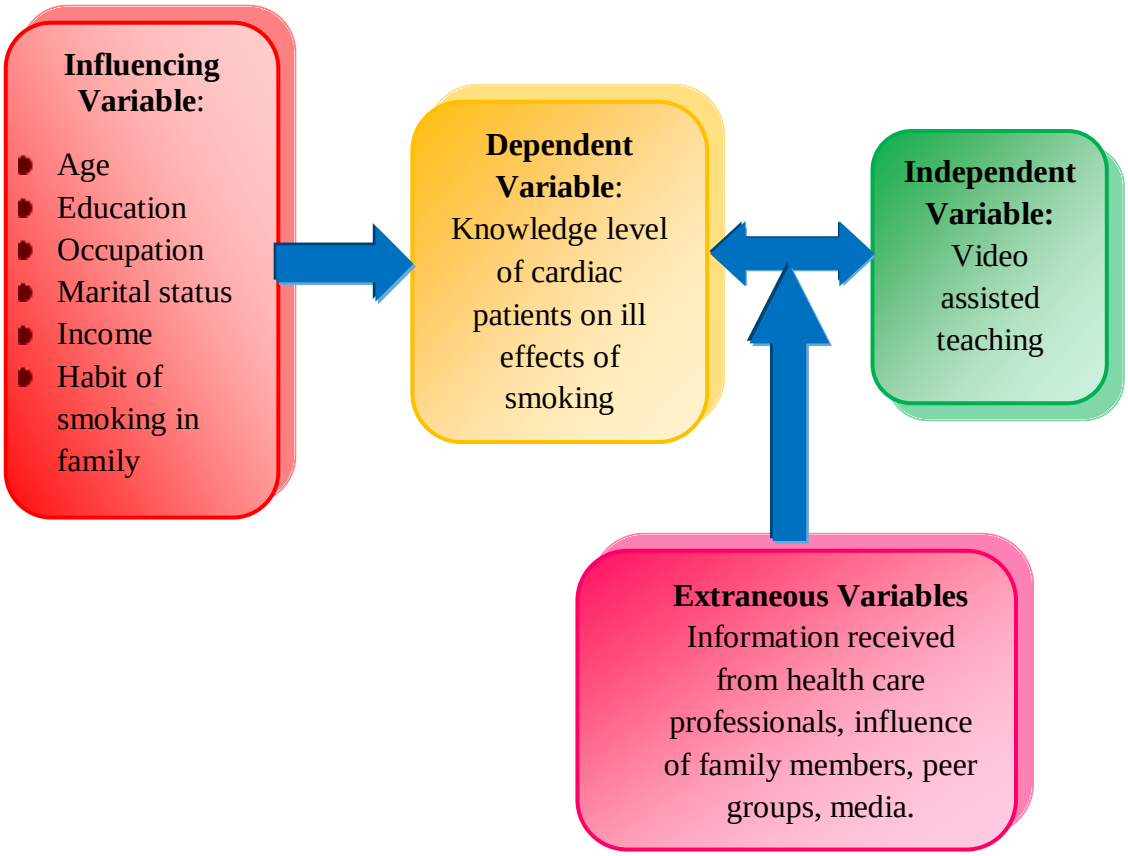
Influencing Variable: Demographic factors like age, education, occupation, marital status, income and habit of smoking in family.

Extraneous Variables: Information received from Health care Professionals, influence of family members, peer groups, media.

Independent Variable: Video assisted teaching

Dependent Variable: Knowledge level of cardiac patients on ill effects of smoking

FIGURE 3.3: SCHEMATIC REPRESENTATION OF VARIABLES



SETTING OF THE STUDY

The study was conducted in the preoperative wards of the cardiothoracic units ie, ward 14, 8, 34, 35, 36, 37, 38 & 39) of G. Kuppuswamy Naidu Memorial Hospital, which is a Super speciality tertiary care centre in Coimbatore.

POPULATION

Population of study comprised of all cardiac patients who were smokers.

SAMPLE SIZE.

The sample size was determined, using **Mahajan's** formula

$$\textbf{Sample size (n)} = \frac{\textbf{4Pq}}{\textbf{L}^2}$$

P = Percentage of population P= (180/2160) x 100=8.34

q = 100 – P q= 100-8.34=91.66

L= Allowable error L= 7

$$\text{Sample size (n)} = \frac{4Pq}{L^2} = (4\times 8.34\times 91.66)/\ 49 = 62$$

According to this, it was decided to select 60 samples for this study.

SAMPLING TECHINIQUE

Non probability convenient sampling technique was adopted for the study.

SAMPLING CRITERIA

Inclusion criteria

- Cardiac patients who were smokers.
- Cardiac patients who were willing to participate.

Exclusion criteria

- Cardiac patients who were critically ill

- Cardiac patients who were using smokeless form of tobacco

DESCRIPTION OF THE TOOL

The data collection tool consisted of three sections.

Section A: Demographic data

It comprised of demographic variables of the subjects which included age, sex, marital status, educational status, religion, type of family, occupation, income and details of smoking.

Section B: Structured interview questionnaire

It consists of 20 questions related to knowledge on ill effects of smoking. The questions were classified as follows

Questions related to

- ❖ Meaning of smoking
- ❖ Content of cigarettes
- ❖ Effects on cardiovascular system
- ❖ Effects on respiratory system
- ❖ Other ill effects
- ❖ Passive smoking
- ❖ Smoking cessation

SCORING

- ➢ Each correct answer was given a score of one and the wrong answer was given a score of zero.
- ➢ The maximum score was 20.

The knowledge score was interpreted as follows

14 – 20 Good

7 – 13 Fair

0 – 6 Poor

SECTION C – ATTITUDE SCALE

A five point likert scale was used to assess the attitude towards smoking. It consisted of five positive statements and five negative statements related to their attitude.

SCORING

- The maximum score was 50. The score was given for each item
- The attitude score was interpreted as follows

37 – 50 Good

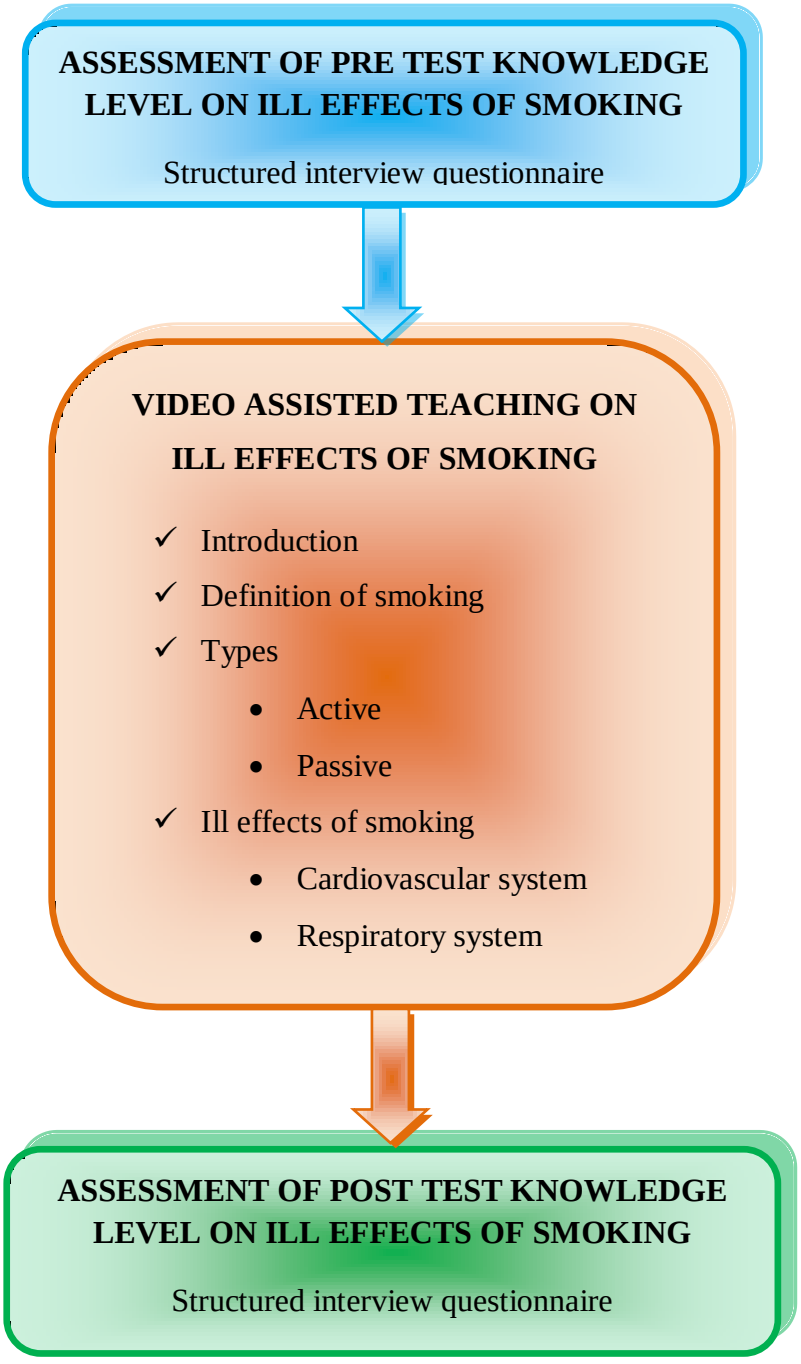
24 – 36 Fair

10 – 23 Poor

DESCRIPTION OF INTERVENTION

The patient knowledge regarding ill effects of smoking was assessed using the structured interview questionnaire followed by a video assisted teaching. The post test was performed using the same questionnaire.

FIGURE 3.4: SCHEMATIC REPERSENTATION OF INTERVENTION



VALIDITY

The tool was submitted for content validity to the experts in the field of cardiology and department of medical surgical nursing in and around Coimbatore. The translated Tamil version was validated by Tamil expert. Based on the suggestions and recommendations the tool was finalized.

RELIABILITY

Reliability of the research instrument is defined as the extent to which the instrument yields the same results on repeated measures. It is then concerned with consistency, accuracy, precision, stability, equivalence and homogeneity**(Kothari CR., 1996).** The reliability of the tool was determined by the Spearman Brown's Split-Half technique." r"value was found reliable (r = 0.83).

Reliability was computed by following equation

$$r = \frac{\Sigma (X- \bar{X}) (Y- \bar{Y})}{\sqrt{\Sigma(X- \bar{X})^2 .\Sigma (Y- \bar{Y})^2}}$$

ETHICAL CONSENT

The consent to conduct the study was obtained from the ethical committee of G. Kuppuswamy Naidu Memorial Hospital, Coimbatore.

PILOT STUDY

Pilot study was conducted in the Cardio- Thoracic Out- Patient departments and cardiac wards of G.Kuppuswamy Naidu Memorial Hospital, Coimbatore, for a period of two weeks from 15.07.13 to 26.07.13. A total of ten samples were included in the study using convenient sampling technique. Informed consent was obtained and demographic data were collected from the participants. Structured interview guide was used to assess the knowledge on ill effects of smoking and a video assisted teaching programme was provided to the subjects. The result showed that, the video assisted teaching program was effective in improving their knowledge on ill effects of smoking. Upon completion of pilot study, the feasibility & practicability of the tool

was assessed. The necessary changes were made to the tool based on the pilot study results.

DATA COLLECTION PROCEDURE

The data collection period was for four weeks. Data were collected every day from 29. 07. 2013 to 24. 08. 2013. The researcher introduced self and obtained consent from the selected samples. The participants were assured about the confidentiality of the data collected and assured to use only for research purpose. The pre-test level of knowledge and attitude on ill effects of smoking was assessed and video assisted teaching program was given. It was followed by an interactive session for the patient as well as their family members to clarify their queries and to furnish with adequate explanations. Post- test level of knowledge on ill effects of smoking was assessed by structured interview questionnaire

PLAN FOR DATA ANALYSIS

- The data collected from subjects were compiled and analyzed using descriptive statistics such as frequency, mean, percentage and standard deviation.
- To test the effectiveness of the video assisted teaching programme paired„'t' test was used.
- The association between pre-test level of scores and selected demographic variables of the subjects were tested using Chi square test.

CHAPTER – IV

ANALYSIS AND INTERPRETATION

Analysis is defined as the process of systematically applying statistical and logical techniques to describe, summarize and compare data.

-Suresh K. Sharma (2011)

This chapter deals with the analysis and interpretation of data collected from 60 samples and assessed the effectiveness of video assisted teaching on ill effects of smoking among the cardiac smokers. The study findings were based on the descriptive and inferential statistics and the data's analyzed were tabulated, organized and interpreted as follows:

Table 4.1: Distribution of demographic variables of cardiac smokers

Table 4.2: Distribution of pre test and post test levels of knowledge among cardiac smokers

Table 4.3: Distribution of pre test level of attitude among cardiac smokers

Table 4.4: Comparison of mean pre test and post test levels of knowledge among cardiac smokers

Table 4.5: Association of pre-test levels of knowledge with demographic variables among cardiac smokers

TABLE 4.1: DISTRIBUTION OF DEMOGRAPHIC VARIABLES OF THE SUBJECTS

n=60

Sl. No	Demographic variables	Frequency (f)	Percentage (%)
1	**Age (in years)**		
	a) 20-39	6	10
	b) 40-59	33	55
	c) 60-79	21	35
	d) >80	0	0
2	**Sex**		
	a) Male	60	100
	b) Female	0	0
3	**Education**		
	a) Illiterate	12	20
	b) School level	39	65
	c) Under graduate	8	13
	d) Post graduate	1	2
4	**Occupation**		
	a) Unemployed	16	27
	b) Self employed	33	55
	c) Government employee	5	8
	d) Private employee	6	10
5	**Religion**		
	a) Hindu	43	72
	b) Christian	7	12
	c) Muslim	10	16
	d) Others	0	0
6	**Marital status**		
	a) Single	6	10
	b) Married	49	82
	c) Widow/ widower	5	8

7	**Type of family**		
	a) Nuclear	44	73
	b) Joint	16	27
8	**Monthly Income**		
	a) Rs. <10,000	18	30
	b) Rs. 10,000 – 20,000	35	58
	c) Rs. 20,001 – 30,000	6	10
	d) Rs. >30,000	1	2
9	**Habit of smoking in family**		
	a) Grandfather	5	8
	b) Father	15	25
	c) Brother	15	25
	d) Other relatives	25	42
10	**Age of starting smoking**		
	a) <15yrs	7	12
	b) 15 – 18yrs	17	28
	c) 18 – 21yrs	16	27
	d) 21 – 24yrs	13	22
	e) >24yrs	7	11
11	**Type of product**		
	a) Cigarette	30	50
	b) Beedi	23	38
	c) Both	7	12
12	**Need to quit smoking**		
	a) Yes	60	100
	b)No	0	0
13	**Attempts made to quit smoking**		
	a) Yes	29	48
	b) No	31	52

Table 4:1 reveals the distribution of demographic variables.

Age: Majority i.e. 33(55%) of the subjects belonged to the age group of40 – 59 years. There were no subjects above 80 years.

Education: Considering the education majority of the subjects ie, 39(69%) had school education.

Occupation: Regarding occupation of subjects, 33(55%) was self employed.

Religion: With regard to religion, majority of subjects i.e., 43(72%) belonged to Hindu religion.

Marital status: Majority of subjects i.e., 49(82%) were married.

Type of family: 44(73%) of the subjects lived in nuclear family.

Monthly income: 35(58%) of subjects had an income of more than Rs.10, 000 per month and only 1(2%) of subjects belong to an income of more than Rsm30,000 per month.

Habit of smoking in the family: 25(42%) of their relatives had the habit of smoking.

Type of tobacco product: 30(50%) of the subjects used cigarettes and all of them expressed the need to quit smoking.

DEMOGRAPHIC VARIABLES OF THE SUBJECTS

FIGURE 4.1:- AGE

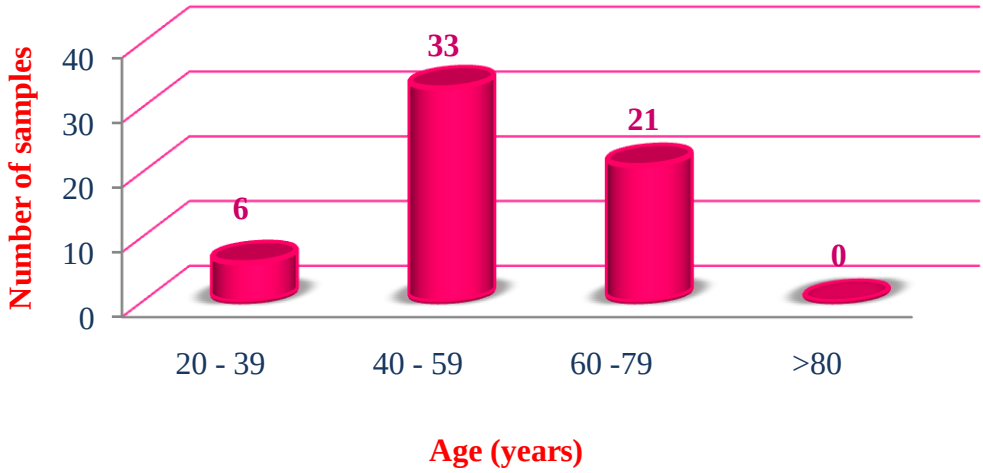


FIGURE 4.2: - TYPE OF FAMILY

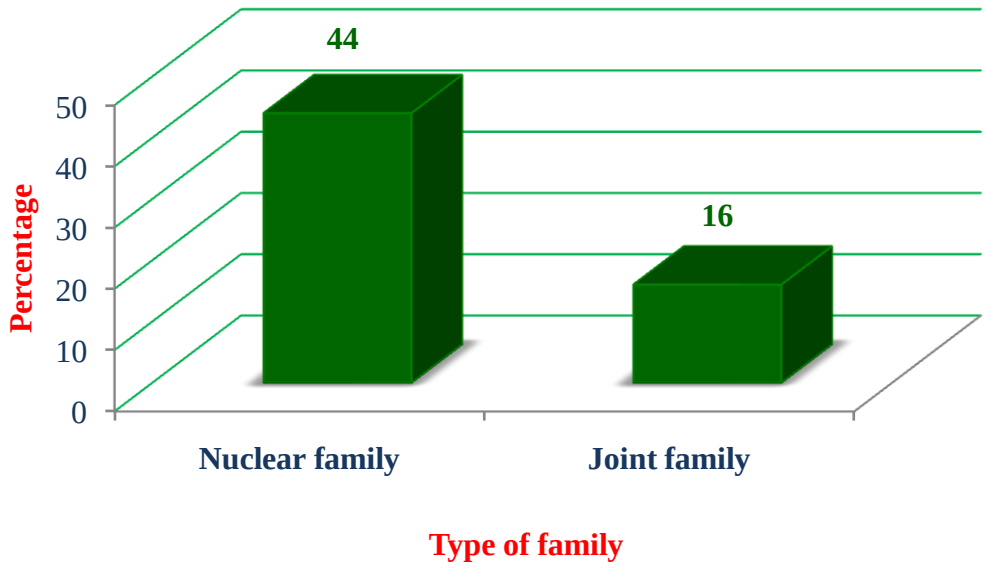


TABLE 4.2:- DISTRIBUTION OF PRE TEST AND POST TEST LEVELS OF KNOWLEDGE AMONG CARDIAC SMOKERS

n=60

Sl.No	Level of knowledge	Pre test		Post test	
		f	%	f	%
1	Good	6	10	57	95
2	Fair	30	50	3	5
3	Poor	24	40	-	-

Table 4.2 shows that out of 60 subjects, 6(10%) of them had good knowledge, 30(50%) had fair knowledge, 24(40%) had poor knowledge on ill effects of smoking during pre test. Whereas in the post test 57(95%) had good knowledge and only 3(5%) had fair knowledge. It showed that the video assisted teaching was effective in improving the knowledge of the subjects.

FIGURE 4.3:- PRE TEST AND POST TEST LEVELS OF KNOWLEDGE AMONG CARDIAC SMOKERS

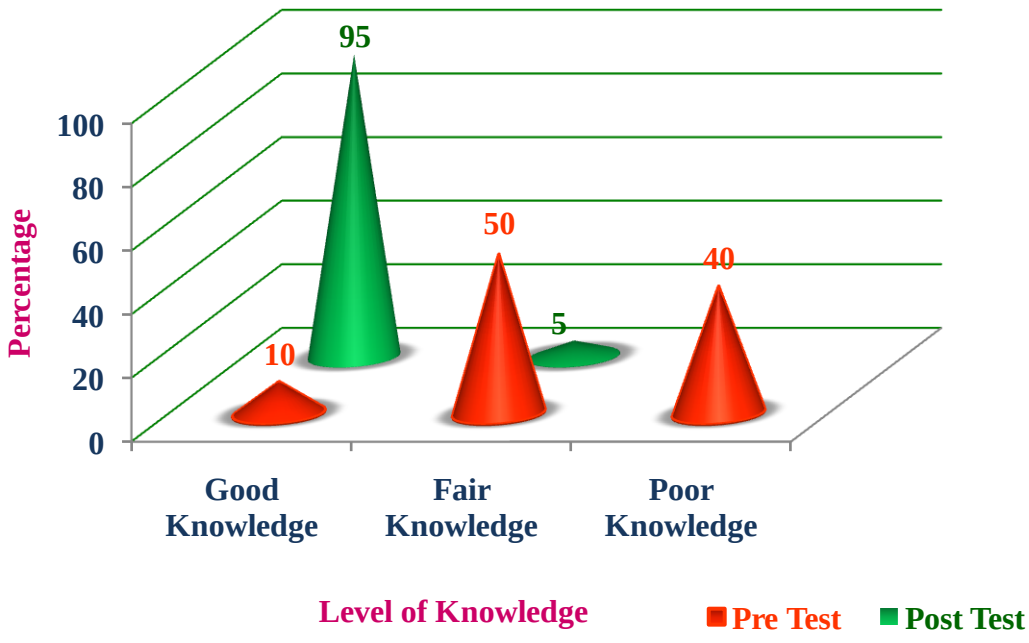


TABLE 4.3: PRE TEST LEVEL OF ATTITUDE AMONG CARDIAC SMOKERS

n=60

S.NO	Level of Attitude	Pre Test	
		f	%
1	Good	37	67
2	Fair	15	25
3	Poor	8	13

Table 4:3 shows that out of 60 patients, 37(67%) of the patients had good attitude, 15(25%) had fair attitude and 8(13%) of them had poor attitude in the pre test.

FIGURE 4.4:- PRE TEST LEVEL OF ATTITUDE AMONG CARDIAC SMOKERS

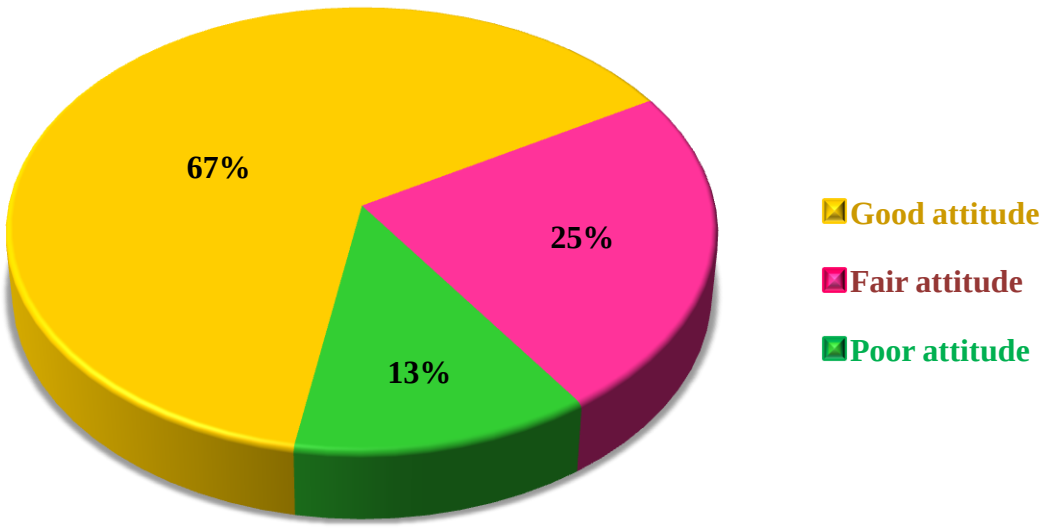


TABLE 4.4: COMPARISON OF MEAN PRE TEST AND POST TEST LEVEL OF KNOWLEDGE AMONG CARDIAC SMOKERS

n=60

Group	Mean	SD	't' value	df	Table value
Pre test	8.01	2.889	20.82*	59	1.67
Post test	17.05	1.838			

df- degree of freedom *Significant at 0.05 level

Table 4.4 shows the pre test and post test mean knowledge score on ill effects of smoking. The subjects mean knowledge score was 8.01 with standard deviation of 2.889. After video assisted teaching the mean score was increased to 17.05 with standard deviation of 1.838. The improvement was statistically tested by paired't' test .The calculated't' value (20.82) was higher than the table value (1.67). Therefore there was a significant difference in pre-test and post-test levels of knowledge on ill effects of smoking.

TABLE 4.5: ASSOCIATION OF THE PRE-TEST LEVELS OF KNOWLEDGE WITH DEMOGRAPHIC VARIABLES AMONG CARDIAC SMOKERS

n=60

Demographic variables	Pre test level of knowledge			Chi-square value	Table Value (5%)	Significance
	Good	Fair	Poor			
Age (Years)						
a) 20 -39	0	4	2	1.796537 df=4	9.488	NS
b) 40 -59	4	17	12			
c) 60 -79	2	9	10			
Education						
a) Illiterate	2	8	2	13.52564 df=6	12.592	S
b) School level	3	18	18			
c) Graduate level	0	4	4			
d) Post graduate	1	0	0			
Occupation						
a) Unemployed	2	7	7	2.047917 df=6	12.592	NS
b) Self employed	4	16	13			
c) Government employee	0	3	2			
d) Private employee	0	4	2			
Marital status						
a) Single	1	4	1	2.075688 df=4	9.488	NS
b) Married	5	23	20			
c) Widow/ Widower	0	3	2			

Type of family						
a) Nuclear	5	23	16	1.022727 df=2	5.991	NS
b) Joint	1	7	8			
Habit of smoking in family						
a) Grand father	0	3	2	2.613333 df=6	12.592	NS
b) Father	2	7	6			
c) Brother	2	9	4			
d) Other relatives	2	11	12			
Age of starting smoking (years)						
a) < 15	1	5	1	3.028038 df=8	15.507	NS
b) 15-18	1	8	8			
c) 18-21	2	8	6			
d) 21-24	1	6	6			
e) >24	1	3	3			
Duration of smoking (years)						
a) <10	0	1	4	4.568498 df=6	12.592	NS
b) 11-20	2	11	8			
c) 21-30	3	10	8			
d) >31	1	8	4			
Attempt made to quit smoking						
a) Yes	5	17	9	4.638487 df=2	5.991	NS
a) No	1	13	15			

NS- Non significant S- Significant

df- Degrees of freedom Level of significance- 0.05

Table 4:5 shows the association of the pre-test levels of knowledge on ill effects of smoking with demographic variables among cardiac smokers. The table shows the calculated chi square value of educational status which was 13.52564. The chi square value was higher than the table value (12.592). This was found to be statistically significant at 0.05. Therefore there was an association with the pre-test levels of knowledge and educational status among cardiac smokers. No association was found with pre-test levels of knowledge on ill effects of smoking and other demographic variables among cardiac smokers.

CHAPTER – V

RESULTS AND DISCUSSION

The purpose of the present study was to assess the effectiveness of the video assisted teaching on ill effects of smoking.

The findings of the study were discussed with reference to objectives are discussed below

1. **To assess the level of the knowledge and attitude regarding the ill effects of smoking among cardiac patients.**

Table 4.2 shows that out of 60 subjects, 6(10%) of the subjects had good knowledge, 30(50%) had fair knowledge, 24(40%) had poor knowledge on ill effects of smoking in pre test. Whereas in the post test 57(95%) had good knowledge and only 3(5%) had fair knowledge. It shows that the video assisted teaching was effective in improving the knowledge of the subjects.

Table 4:3 shows that out of 60 patients, 37(67%) of the patients had good attitude, 15(25%) had fair attitude and 8(13%) of them had poor attitude in pre test.

Knowledge is a significant pre-requisite to implement both the primary and secondary preventive strategy for the cardiovascular diseases (CVD). **Muhammad S Khan** (2006) conducted a study to assess the level of knowledge on the changeable risk factors among patients admitted in a tertiary care hospital in Karachi, Pakistan. A structured questionnaire was used to conduct interview among 720 subjects. The knowledge on the four main modifiable risk factors of cardiovascular diseases like smoking, obesity, exercise and fatty food consumption were assessed. The findings highlighted that there was lack of knowledge on modifiable risk factors for heart diseases.

Rajnarayan Tiwari (2006) conducted a study in which the knowledge and attitude regarding the adverse effects of tobacco usage was assessed. The information was collected using an interview schedule. 302 (64.7%) females and 165 (35.3%) males were included in the study. Though 451 (96.6%) the subjects knew that tobacco use is harmful for health, only 101 (22.5%) of the subjects knew that it causes

cardiovascular diseases. The researcher concluded that the awareness regarding tobacco use was inadequate among the subjects.

The findings of this study are in agreement with the above cited studies which emphasize to assess the level of knowledge and the attitude on ill effects of smoking among cardiac patients.

2. **To evaluate the effectiveness of the video assisted teaching on the ill effects of smoking**.

Table 4.4 showed that the pre and post test mean knowledge score on ill effects of smoking. The subjects mean knowledge score was 8.01 with standard deviation of 2.889. After video assisted teaching the mean score was increased to 17.05 with standard deviation of 1.838. The improvement was statistically tested by paired "t" test .The calculated "t" value(20.82) was higher than the table value (1.67) with the degrees of freedom 59.Therefore there was a significant difference in pre-test and post-test levels of knowledge on ill effects of smoking.

Catherine Bolman (2001) examined the effectiveness of a smoking cessation intervention for cardiac patients admitted in a hospital. The core elements were stop-smoking advice from the cardiologist, a short bedside consultation with a nurse, administration of self-help materials and aftercare by the cardiologist. The study concluded that, compared to usual care, the low-intensity smoking cessation intervention for cardiac patients was more effective in achieving smoking cessation.

The findings of this study are in agreement with the above cited study which emphasizes the effectiveness of video assisted teaching on ill effects of smoking in enhancing the knowledge and in helping the patients to quit smoking.

3. To associate the pre-test knowledge and attitude score with selected demographic variables

Table 4:5 shows the association of the pre-test levels of knowledge on ill effects of smoking with demographic variables among cardiac smokers.

The table shows the calculated chi square value of educational status which was 13.53 with degrees of freedom of 6. The chi square value was higher than

the table value (12.592). This was found to be statistically significant at 0.05. Therefore there was an association with the pre-test levels of knowledge and educational status among cardiac smokers. No association was found with pre-test levels of knowledge on ill effects of smoking and other demographic variables among cardiac smokers.

CHAPTER – VI

SUMMARY, CONCLUSION, IMPLICATIONS AND NURSING RECOMMENDATIONS

An extensive review of literature, expert's guidance lead the researcher to design the methodology. Pre-experimental one group pre-test post-test design was used in this study, by using convenient sampling.

SUMMARY

The purpose of the study was "to assess the effectiveness of video assisted teaching on ill effects of smoking among cardiac patients in GKNM Hospital, Coimbatore"

Interaction process model of Imogene King was adopted for conceptual framework. Pre-experimental one group pre-test post test design was selected for this study. Pilot study was conducted for two weeks with ten samples to assess the reliability and feasibility of the tool.

The main study was conducted from 28.07.13 to 23.08.13. 60 samples were selected by using convenient sampling technique. Data collection was done for a period of 4 weeks. A pre-test was conducted by using structured interview questionnaire and after the pre-test, video assisted teaching was given by the researcher. Post-test was conducted by using same structured interview questionnaire. The collected data was analyzed using both descriptive and inferential statistics.

The findings of the study showed that video assisted teaching was effective in improving the knowledge level among cardiac smokers

CONCLUSION

Thus the study concluded that, video assisted teaching was an eminent, cost effective and harmless intervention for improving the knowledge among cardiac smokers.

NURSING IMPLICATIONS

The findings of the study have implications for various areas of nursing practice, nursing education, nursing administration and nursing research.

Nursing Practice

- Nurses need to take up the responsibility to educate and create awareness among cardiac smokers to improve their knowledge and attitude and thus reduce the mortality and morbidity rate caused by smoking.

- Nurses can play a vital role in motivating the smokers to quit smoking by improving and implementing smoking cessation counselling skills.

- Nurses can develop evidence based practise and include video assisted teaching as an integral nursing intervention

Nursing Education

Findings of the present study have an implication in nursing education.

- Nursing curriculum should inculcate video assisted teaching programmes for nursing students.

- This study emphasizes the need to teach the students regarding ill effects of smoking and their influence on cardiac mortality and morbidity.

- Nurse educators should plan and implement the workshops and in-service education to update the knowledge of nurses , who plays a key role in assessing and managing the cardiac patients

Nursing Administration

The nurse administrator:

- Should incorporate in- service education during the induction programme to update the knowledge of novice nurses.

- Should conduct surveys and organize teaching programmes to create awareness on ill effects of smoking in community settings.

- Should implement mass media interventions to make the public aware of the hazards of smoking.

Nursing Research

The present study is an attempt to assess the effectiveness of video assisted teaching on ill effects of smoking.

- Evidence based nursing practise must take higher profile in order to increase awareness on ill effects of smoking among cardiac smokers and help them quit smoking.

- Nursing research on video assisted teaching on ill effects of smoking will be a valuable reference material for further researchers.

- Qualitative study can be undertaken to assess the self-report of the participants.

RECOMMENDATIONS

This study recommends the following for further research

- A comparative study can be done to compare other interventions on ill effects of smoking.

- Health education on ill effects of smoking can be given at school level itself because they are the future adults

- Video assisted teaching program on ill effects of smoking can be a part of usual care protocol for cardiac patients who are smokers.

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APPENDIX – A

PERMISSION TO CONDUCT THE STUDY

Ms. Unis Raju, II year M.Sc Nursing student conducted a study on "**The Effectiveness of Video Assisted Teaching on ill Effects of Smoking among Cardiac Patients in GKNM Hospital, Coimbatore"** with the approval of the ethical committee during the academic year of 2013-2014 in GKNM Hospital, Coimbatore. This is the partial fulfilment of the requirement for award of the degree in Master of Science, Branch - I, Medical Surgical Nursing, subspecialty - Cardiovascular and Thoracic Nursing, by the Tamilnadu Dr. M.G.R Medical University.

Dr. Ramkumar Raghupathy, M.S., M.Ch., FIAPS., M.BA.

DEAN

APPENDIX – B

LIST OF EXPERTS

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APPENDIX – C

STRUCTURED INTERVIEW QUESTIONNAIRE - ENGLISH

SECTION A

DEMOGRAPHIC VARIABLES

Instructions:

Kindly fill in the blanks against appropriate response. The following statements are related to various aspects of demographic variables. Please give appropriate information to the following questions asked. The information obtained will be kept confidential and is used only for the intended work.

Sample no:

1. Age

a) 20 - 39
b) 40 - 59
c) 60 - 70
d) 80 & above

2. Sex

a) Male
b) Female

3. Education

a) Illiterate
b) School level.
c) Under graduate
d) Post graduate

4. Occupation

a) Unemployed
b) Self employed
c) Government employee
e) Private employee

5. Religion

a) Hindu
b) Christian

c) Muslim

d) Others

6. Marital Status

a) Single

b) Married

c) Widow/ widower

7. Type of family

a) Nuclear family

b) Joint family

8. Income per month(In Rs/-)

a) ≤ 10,000/-

b) 10,001-20,000/-

c) 20,001-30,000/-

d) Above 30,001

9. Does anyone in your family have the habit of smoking?

a) Grand father
b) Father
c) Brother
d) Other relatives

10. What was your age, when you started smoking?

a) <15 years
b) 15-18 years
c) 18-21 years
d) 21-24 years
e) >24years

11. Duration of smoking (years)

a) <10
b) 11 – 20
c) 21 – 30
d) >31

12. What is the type of product you smoked?

a) Cigarette
b) Beedi
c) Cigarette & Beedi

13. Average number of cigarettes or beedi smoked per day?

a) 0 – 10
b) 11 – 20
c) 21 - 30

14. Average amount of money spent towards smoking per day?

a) 0 – 50
b) 51 - 100

15. Did you feel the need to quit smoke?

a) Yes
b) No

i. If yes, have made any attempt to quit?

a) Yes
b) No

ii. If yes, what barrier did you face……..?

SECTION B

Structured Questionnaire to Assess the Knowledge Regarding Ill Effects of Smoking

INSTRUCTION:

- **Kindly answer all the questions**
- **Each question has 3 alternatives**
- **Please understand each question and respond for each option.**

1) What do you mean by smoking?

a) Inhalation of cigarette / beedi smoke

b) Chewing tobacco

c) Intake of panmasala

2) What are cigarette / beedi made up of?

a) Betel leaves

b) Tobacco leaves

c) Mint leaves

3) What is the amount of chemicals present in tobacco smoke?

a) More than 4000

b) Between 2000- 3000

c) Between 1000-2000

4) What is the chemical content that causes addiction?

a) Nicotine

b) Cocaine

c) Sodium bicarbonate

5) Which of the following is largely attributed to smoking?

a) Friends

b) Family members and relatives

c) Aggressive marketing

6) Which system in the body is affected due to smoking?

a) Cardiovascular

b) Respiratory

c) Cardiovascular and respiratory

7) What is the effect of active smoking on cardiovascular system?

a) Increase the heart rate and blood pressure

b) Causes excessive bleeding

c) Stimulate cough

8) What is the effect of smoking on respiratory system?

a) Increase the blood pressure

b) Cause shortness of breath

c) Headache

9) What is the effect of smoking on blood vessels of heart?

a) Dilatation of blood vessels

b) Narrowing and occlusion of blood vessels

c) Increased blood flow

10) What is the long term effect of smoking on cardiovascular system?

a) Myocardial infarction

b) Enlargement of heart

c) Increases the blood flow

11) What is the long term effect of smoking on respiratory system?

a) Enlargement of lungs

b) Lung cancer

c) Loss of lung function

12) What is the common problem in men and women due to smoking?

a) Hair los

b) Weight loss

c) Infertility

13) What do you mean by passive smoking / second hand smoke?

a) Inhaling smoke from other

b) Chewing tobacco

c) Nicotine poisoning

14) What is the adverse effect of passive smoking on others?

a) Lung cancer

b) Coronary artery disease

c) Lung cancer & coronary artery disease

15) What is the adverse effect of passive smoking on pregnant women?

a) Hair loss

b) Low birth weight

c) Skin disease

16) What is smoking cessation?

a) Discontinuing the practice of inhaling cigarette

b) Decreasing the number of cigarette per day

c) Change the cigarette/ beedi

17) What is the benefit of smoking cessation?

a) Reduce cholesterol

b) Reduce the risk of coronary heart disease

c) Reduce blood sugar

18) What is required for smoking cessation?

a) Willingness to quit/stop smoking

b) Support from others

c) Both (a) and (b)

19) What is the health benefit after 12 hours of smoking cessation?

a) The level of oxygen drops down

b) All the nicotine is out of the body

c) Reduce the risk of stomach ulcer

20) How long does the lung take to recover after smoking cessation?

a) Within 3 months

b) Within 6 months

c) Within 1 year

ANSWER KEY

Scoring procedure:

Each correct response gets a score of one (1) there are 20 items and hence the maximum score of the knowledge questions is 20

Q.NO	ANSWER	Q.NO	ANSWER
1.	a.	11.	b.
2.	b.	12.	c.
3.	a.	13.	a.
4.	a.	14.	c.
5.	a.	15.	b.
6.	c.	16.	a.
7.	a.	17.	b.
8.	b.	18.	c.
9.	b.	19.	b.
10.	a.	20.	a.

Interpretation of score:

SCORING	INTERPRETATION
14 – 20	Good
7 – 13	Fair
0 – 6	Poor

SECTION-C

ATTITUDE TOWARDS SMOKING

Instructions:

- Please give appropriate information to the following statements asked. The information obtained will be kept confidential and is used only for the intended work.

The Modified Attitudes towards Smoking Scale

Sl.NO	Items	SA	A	UC	DA	SD
1	✶ Smoking is affecting my families happiness					
2	✶✶Smoking reduces my tension					
3	✶The unpleasant smell from smoking spoils my image					
4	✶✶Smoking energizes me					
5	✶I waste too much of money on smoking					
6	✶✶My smoking is not harmful to others health					
7	✶It bothers me to be dependent on smoking					
8	✶✶I feels good to smoke					
9	✶I can give up smoking anytime					
10	✶✶All smokers are not affected by the ill effects of smoking					

KEY WORD

SA – Strongly agree A – Agree UC – Uncertain

DA – Disagree SD – Strongly Disagree

* Positive attitude, ** Negative attitude

Scoring Criteria:

5 point attitude towards smoking likert scale	Scoring criteria	
	Positive statement	**Negative statement**
Strongly agree	5	1
Agree	4	2
Uncertain	3	3
Disagree	2	4
Strongly Disagree	1	5

Interpretation of score:

SCORING	INTERPRETATION
37 – 50	Good
24 – 36	Fair
10 – 23	Poor

பகுதி –அ

கட்டமைக்கப்பட்ட நேர்காணல் கேள்வித்தாள்

தயவு செய்து கேட்க்கப்படும் கேள்விகளுக்கு சரியான விபரம் அளிக்கவும். தங்களிடம் பெறப்படும் விபரங்கள் இரகசியமாக வைக்கப்பட்டு தேவையான வேலைக்கு உபயோகப்படுத்தப்படும்.

தனி நபர் விபரம்

1. வயது (வருடத்தில்)
   - அ) 20-லிருந்து 39 - வரை
   - ஆ) 40-லிருந்து 59 - வரை
   - இ) 60-லிருந்து 79 - வரை
   - ஈ) 80 மற்றும் அதற்கு மேல்

2. பாலினம்
   - அ) ஆண்
   - ஆ) பெண்
3. கல்வித்தகுதி
   - அ) படிக்காதவர்
   - ஆ) பள்ளித்தகுதி
   - இ) இளங்கலை பட்டதாரி
   - ஈ) முதுகலை பட்டதாரி
4. தொழில்
   - அ) வேலை இல்லாதவர்
   - ஆ) சுயதொழில்
   - இ) அரசு ஊழியர்
   - ஈ) தனியார் ஊழியர்
5. மதம்
   - அ) இந்து
   - ஆ) கிறிஸ்துவர்
   - இ) முஸ்லீம்
   - ஈ) மற்றவை
6. திருமணத்தகுதி
   - அ) திருமணமாகாதவர்
   - ஆ) திருமணம் ஆனவர்
   - இ) விதவை / மனைவியை இழந்தவர்
7. குடும்ப வகை
   - அ) தனிக்குடும்பம்

ஆ) கூட்டுக்குடும்பம்

8. மாத வருமானம் (ரூபாய்களில்)

அ) 10,000-க்கு கீழ்

ஆ) 10,001 முதல் 20,000 வரை

இ) 20,001 முதல் 30,000 வரை

ஈ) 30,001-க்கு மேல்

9. உங்கள் குடும்பத்தில் யாருக்காவது புகைப்பிடிக்கும் பழக்கம் உள்ளதா?

அ) தாத்தா

ஆ) அப்பா

இ) சகோதரர்

ஈ) மற்ற உறவினர்கள்

10. நீங்கள் எந்த வயதிலிருந்து புகை பிடிக்கத் தொடங்கினீர்கள்

அ) 15 வயதிற்கு கீழ்

ஆ) 15 முதல் 18 வயது வரை

இ) 18 முதல் 21 வயது வரை

ஈ) 21 முதல் 24 வயது வரை

உ) 24 வயதிற்க்கு மேல்

11. புகைப்பிடிக்கும் காலம்.....(வருடத்தில்)

அ) 10-க்கு கீழ்

ஆ) 11 முதல் 20 வரை

இ) 21 முதல் 30 வரை

ஈ) 31-க்கு மேல்

12. நீங்கள் எந்த வகையான புகைப்பொருட்களை உபயோகப்படுத்துகிறீர்கள்

அ) சிகரெட்

ஆ) பீடி

இ) சிகரெட் மற்றும் பீடி

13. நீங்கள் சராசரியாக ஒரு மாதத்தில் எவ்வளவு சிகரெட் அல்லது பீடியை பயன்படுத்துகிறீர்கள்.

அ) 10-க்கு கீழ்

ஆ) 11 முதல் 20 வரை

இ) 21 முதல் 30 வரை

14. நீங்கள் சராசரியாக ஒரு மாதத்திற்கு எவ்வளவு பணம் புகைபிடிக்க செலவிடுகிறீர்கள்

அ) ரூபாய் 50-க்கு கீழ்

ஆ) 51-முதல் 100 ரூபாய் வரை

15. நீங்கள் புகைபிடிக்கும் பழக்கத்திலிருந்து விடுபட நினைக்கிறீர்களா?

அ) ஆம்

ஆ) இல்லை

1. ஆம் என்றால் இதற்குமுன் விடுபட முயற்சி செய்திருக்கிறீர்களா?

அ) ஆம் ஆ) இல்லை

2. ஆம் என்றால் என்ன தடைகளை சந்தித்துள்ளீர்கள்

பகுதி – ஆ

புகைப்பிடித்தலின் தீய விளைவுகள் பற்றிய அறிவினை கணிப்பதற்கான கட்டமைக்கப்பட்ட கேள்வித்தாள்.

அறிவுரை:

தயவுடன் அனைத்து வினாக்களையும் நன்கு புரிந்து கொண்டு சரியான பதில் அளிக்கவும். ஒவ்வொரு வினாவுக்கும் மூன்று கருத்துக்கள் கொடுக்கப்பட்டுள்ளது.

1 புகைபிடித்தல் என்றால் என்ன?

அ) சிகரெட் அல்லது பீடி புகையை உள்ளிழுத்தல்

ஆ) புகையிலையை மெல்லுதல்

இ) போதைப்பொருள் உட்கொள்ளுதல்

2 சிகரெட் மற்றும் பீடி எந்த பொருள் கொண்டு தயாரிக்கப்படுகிறது?

அ) வெற்றிலை

ஆ) புகையிலை

இ) புதினாயிலை

3 புகையிலையின் புகையில் எத்தனை வேதிப்பொருட்கள் உள்ளன?

அ) 4000-க்கு அதிகமான

ஆ) 2000 முதல் 3000 வரை

இ) 1000 முதல் 2000 வரை

4 எந்த வேதியல் பொருள் புகையிலை பழக்கத்திற்கு அடிமையாக்குகிறது?

அ) புகையிலை நஞ்சு/நிகோடின்

ஆ) கஞ்சா

இ) சோடியம் பைகார்போனேட்

5 கீழே கொடுக்கப்பட்டுள்ளவைகளில் புகைப்பிடிக்க முக்கியமான காரணி அல்லது உந்துததல் என்ன?

அ) நண்பர்கள்

ஆ) குடும்ப நபர்கள் மற்றும் உறவினர்கள்

இ) அபார விற்பனை

6 புகை பிடிப்பதினால் உடம்பில் எந்த உறுப்பு பாதிப்புக்குள்ளாகிறது?

அ) இதயம்

ஆ) நுரையீரல்

இ) இதயம் மற்றும் நுரையீரல்

7 புகை பிடிப்பதினால் இருதயத்தில் ஏற்படும் தொந்தரவுகள் என்ன?

அ) இதய துடிப்பு மற்றும் இரத்த அழுத்தம் அதிகமாதல்

ஆ) அதிக அளவு இரத்தப்போக்கு

இ) இருமலை தூண்டுதல்

8. புகைபிடிப்பதினால் நுரையீரலில் ஏற்படும் தொந்தரவுகள் என்ன?

அ) இரத்த அழுத்தம் அதிகமாதல்

ஆ) மூச்சு திணறல்

இ) தலைவலி

9. புகை பிடிப்பதினால் இருதய இரத்தகுழாயில் ஏற்படுத் தொந்தரவுகள் என்ன?

அ) இரத்த குழாய் விரிவடைதல்

ஆ) சுருக்கம் மற்றும் அடைப்பு

இ) அதிக இரத்த ஓட்டம்

10. நீண்டநாள் புகை பிடிப்பதினால் இருதய மண்டலத்தில் ஏற்படும் தொந்தரவுகள் என்ன?

அ) இருதய அடைப்பு

ஆ) சுருக்கம் மற்றும் அடைப்பு

இ) அதிக இரத்த ஓட்டம்

11. நீண்ட நாள் புகை பிடிப்பதினால் சுவாச மண்டலத்தில் ஏற்படும் தொந்தரவுகள் என்ன?

அ) நுரையீரல் வீக்கம்

ஆ) நுரையீரல் புற்றுநோய்

இ) நுரையீரல் செயல் இழப்பு

12. புகைபிடிப்பதினால் ஆண்கள் மற்றும் பெண்களுக்கு ஏற்படும் பொதுவான பிரச்சனைகள் என்ன?

அ) முடி உதிர்தல்

ஆ) எடைகுறைதல்

இ) குழந்தை பேறின்மை

13. இரண்டாம் நிலை புகைப்பிடித்தல் என்றால் என்ன?

அ) ஒருவர் வெளிவிடும் சிகரெட் புகையை மற்றவர் சுவாசித்தல்

ஆ) புகையிலை மெல்லுதல்

இ) புகையிலை ஒட்டுதல்

14. புகை பிடிப்பதினால் மற்றவர்களுக்கு ஏற்படும் விளைவுகள் என்ன?

அ) நுரையீரல் புற்றுநோய்

ஆ) இதய இரத்த குழாய் நோய்

இ) நுரையீரல் புற்றுநோய் மற்றம் இதய இரத்த குழாய் நோய்

15. இரண்டாம் நிலை புகைப்பிடிப்பதினால் கர்ப்பினி பெண்களுக்கு ஏற்படும் முக்கிய பின் விளைவுகள் என்ன?

அ) முடி உதிர்தல்

ஆ) எடை குறைவான குழந்தை பிறத்தல்

இ) சரும நோய்

16. புகைபிடிக்கும் பழக்கம் நிறுத்துதல் என்றால் என்ன?

அ) புகைபிடிக்கும் பழக்கத்தை முழுவதுமாக விட்டுவிடுதல்

ஆ) ஒருநாள் பிடிக்கும் சிகரெட் எண்ணிக்கையை குறைத்தல்

இ) சிகரெட் அல்லது பீடியை மாற்றுதல்

16. புகைபிடிக்கும் பழக்கம் நிறுத்துவதால் ஏற்படும் நன்மைகள் என்ன?

அ) இரத்தத்தில் கொழுப்பின் அளவு குறைகிறது

ஆ) இருதய நோய் ஆபத்திலிருந்து காக்கப்படுகிறது

இ) இரத்தக்குழாய் சர்க்கரையின் அளவு குறைகிறது.

17. புகைபிடிக்கும் பழக்கத்தை நிறுத்துவதற்கு என்ன தேவைப்படும்?

அ) தானாக புகைபிடிப்பதை தவிர்த்தல்

ஆ) மற்றவர்கள் ஆதரவு

இ) "அ" மற்றும் "ஆ"

18. புகைபிடிக்கும் பழக்கத்தை நிறுத்தியபின் நுரையீரல் சரியான நிலைக்கு வர எவ்வளவு காலம் செல்லும்

அ) 3 மாதம்

ஆ) 6 மாதம்

இ) 1 வருடம்

19. புகைபிடிக்கும் பழக்கத்தை நிறுத்திய 12 மணி நேரத்திற்குள் உடல்நலத்தில் ஏற்படும் அனுகூலம் என்ன?

அ) ஆக்ஸிஜன் அளவு குறைதல்

ஆ) புகையிலை நச்சும் உடலிலிருந்து வெளியேறும்

இ) வயிற்றுபுண் ஏற்படுவது குறையும்

பகுதி - இ

புகைப்பிடித்தல் பற்றிய மனப்பாங்கை மதிப்பிடுவதற்கான அறிக்கைகள்

வ. எண்.	கருத்துகள்	கடுமையாக ஒத்துக்கொள்கிறேன்	ஒத்துக்கொள்கிறேன்	ஒத்துக் கொள்ளமாட்டேன்	மறுக்கிறேன்	கடுமையாக மறுக்கிறேன்
1.	புகைபிடிப்பதினால் என்னுடைய குடும்பத்தின் சந்தோஷம் பாதிக்கப்படுகிறது					

2.	புகைபிடித்தல் என்னுடைய மன அழுத்தத்தை குறைக்கிறது					
3.	புகைபிடிப்பதால் வரும் வாசனை என்னுடைய தோற்றத்தை குறைக்கிறது					
4.	புகைபிடிப்பதினால் எனக்கு ஆற்றல் மற்றும் சக்தி கிடைக்கிறது					
5.	நான் புகைபிடிப்பதினால் எனக்கு அதிகமான பணம் செலவாகிறது					
6.	நான் புகை பிடிப்பது மற்றவர்களின் உடல் நிலையை பாதிக்காது					
7.	நான் புகை பிடிக்கும் பழக்கத்திற்					

	கு அடிமையான து வருத்தத்தை அளிக்கிறது					
8.	நான் புகைபிடிப்ப து நல்லது என்று நினைக்கிறே ன்					
9.	புகைபிடிப்ப தை எந்த நேரத்தில் வேண்டுமான ாலும் நான் நிறுத்துவேன்					
10.	புகைபிடிக்கு ம் எல்லாரும் அதன் தீய விளைவுகள ால் பாதிக்கப்படு வதில்லை.					

APPENDIX – D

INTERVENTION –NARRATION (ENGLISH)

INTRODUCTION

All human beings are developing certain habits in their lives. Some of them are good for health. For example, washing of hands before having food, early rising, doing exercise in the morning and evening. But some of the habits like smoking, alcohol consumption are injurious to health. Among these smoking is most dangerous to health.

Smoking is practised by about 1.4 billion people all around the world. There are about 120 million smokers in India alone. In India, the cigarettes and hukhas are used for smoking. The most commonly used product is beedi. Whatever may be the product smoked, the substance used is tobacco.

WHAT IS SMOKING?

Smoking is a practice in which the substance, tobacco is burned and the smoke is tasted or inhaled.

CONTENTS OF CIGARETTE

The tobacco smoke contains more than 4000 chemicals. Most of these are harmful to our health. The most harmful chemical in tobacco is nicotine, which causes the addiction. Tar, cadmium, carbonmonoxide, arsenic, toluene, benzene, ammonia, DDT are the main carcinogens.

HEALTH EFFECTS OF SMOKING

The two main health effects of smoking are

- It causes addiction
- It badly affects all organs of the body.

The ill effect of smoking includes high blood pressure, breathing difficulty and palpitation. Smoking causes fatty deposits to build up in the blood vessels, leaving them narrow or blocked and it leads to heart disease.

Every time a person inhales the smoke, tar gets deposited in the lungs and it affects the lung tissues and causes lung destruction which result in breathing difficulty, asthmatic symptoms and lung cancer.

The substance nicotine present in the cigarette smoke increases the viscosity of blood and causes blockage of blood vessels in brain and leads to stroke.

Smoking affects the vision. In males, it reduces the sperm count and leads to infertility. Also in females, cigarette smoking causes infertility.

PASSIVE SMOKING

Passive smoking is defined as the act of inhaling the environment smoke released by the active smoker.

Such passive smokers are at risk of developing cancer and heart diseases. It affects the pregnant women as well and the adverse effects are abortion, low birth weight babies and pre term delivery.

YOU CAN QUIT.....

It’s you and you only have to make a strong decision to quit smoking. You can get help from your family members and friends in the process of quitting

The health benefits of quitting smoking are:

- Within 20 minutes, after quitting blood pressure and heart rate decreases.
- Within 12 hours, the nicotine in the blood gets eliminated.
- Within 3 months, circulation and lung function improves.
- Within 1 year, the risk of coronary heart disease is cut in half.

Quitting smoking will help you to lead a perfect life with self esteem and respect from others. The support from friends and family members will redirect you to a newer realm of life.

“SAY NO TO TOBACCO”

திட்டமிட்ட வீடியோ பாடம்

எல்லா மனிதர்களும் அவரவர் வாழ்க்கையில் சில பழக்கவழக்கங்களை கடைபிடிக்கிறார்கள். அதில் சில பழக்கங்கள் உடலுக்கு நலத்தைக் கொடுக்கிறது. அவை என்னவென்றால் நாம் உணவு உட்கொள்ளும் முன்பு கைகளை கழுவுதல், அதிகாலையில் எழுவது, காலையிலும், மாலையிலும் உடற்பயிற்சி செய்வது போன்றன. ஆனால் புகைபிடித்தல், மது அருந்துதல் போன்ற சில பழக்கவழக்கங்கள் உடலுக்கு தீங்கு விளைவிக்கின்றன. இதில் புகைபிடித்தல் உடலுக்கு மிகவும் கெடுதல் தரக்கூடியது.

தற்போது உலகில் சுமார் ஒரு பில்லியன் மக்கள் புகைபிடிக்கிறார்கள். அதில் இந்தியாவில் மட்டும் சுமார் 120 மில்லியன் மக்கள் சிகரெட் மற்றும் பீடியை உபயோகிக்கிறார்கள். இவற்றுள் அதிகமாக உபயோகப்படுத்துவது பீடி ஆகும். இவை இரண்டிலும் புகையிலை என்னும் பொருள் அடங்கியுள்ளது.

புகைபிடித்தல் என்றால் என்ன?

புகைபிடித்தல் என்பது சிகரெட் அல்லது பீடியில் உள்ள புகையிலையை எரியவைத்து அதன் புகையை உள்ளிழுப்பது ஆகும்.

புகையிலையில் அடங்கியுள்ள பொருட்கள்:

புகையிலையில் 4400-க்கும் மேற்பட்ட வேதிப்பொருட்கள் இருப்பதாக கண்டுபிடிக்கப்பட்டுள்ளது. இவற்றுள் நிக்கோட்டீன் மிகவும் போதையை தரக்கூடியது. தார், கேட்மியம், கார்பன் மோனாக்சைடு, ஆர்சனிக் போன்ற 40 வகையான ரசாயனப் பொருட்கள் புற்றுநோயை ஏற்படுத்துகின்றன.

புகையிலையினால் ஏற்படும் உடல் பக்கவிளைவுகள்:-

புகையிலை உடலுக்கு இரண்டு பக்கவிளைவுகள் ஏற்படுத்துகிறது. ஒன்று அதற்கு அடிமையாக்குகிறது. மற்றொன்று, உடல்நலத்தை சீர்குலைக்கிறது. புகைபிடிப்பதினால் அதிக இரத்த அழுத்தம், அதிக மூச்சு வாங்குதல் மற்றும் இருதய படபடப்பு உண்டாகிறது. புகைபிடித்தல் இரத்தகுழாயில் கொழுப்பை படியச்செய்து இரத்தக்குழாய் அடைப்பை ஏற்படுத்துகிறது. ஒவ்வொரு முறையும் புகைபிடித்தலின் மூலமாக நுரையீரலில் 'தார்' போன்ற படலம் உருவாகிறது. இதனால் நுரையீரல் பாதிக்கபட்டு அழிவுக்குள்ளாகிறது. இதனால் தீராத மூச்சுகோளாறு, ஆஸ்துமா அறிகுறி, மற்றும் நுரையீரல் புற்றுநோய் ஏற்படுகிறது. சிகரெட்டில் உள்ள நிக்கோட்டின் இரத்தத்தை கட்டியாக்கி மூளையில் உள்ள இரத்த நாளங்களை அடைத்துக்கொண்டு பக்கவாதத்தை ஏற்பட செய்கிறது. ஒவ்வொரு முறையும் புகைபிடித்தலின் மூலமாக கண்பார்வை பாதிக்கப்படுகிறது. ஆண்கள் புகைப்பிடிப்பதால் விந்துவின் எண்ணிக்கை குறைந்து ஆண்மை தன்மையை குறைக்கிறது. பெண்களுக்கும் இதனால் கர்ப்பந்தரிக்கும் வாய்ப்பை இழந்து குழந்தை பேற்றின்மைக்கு ஆளாகிறார்கள்.

இரண்டாம் நிலை புகைபிடித்தல்:-

ஒருவர் வெளிவிடும் சிகரெட் அல்லது பீடி புகையை மற்றவர் சுவாசிப்பதே இரண்டாம் நிலை புகைபிடித்தல் ஆகும். புகைபிடிப்பவர்களால் அவர்கள் அருகில் இருக்கும் புகைபிடிக்காதவர்களுக்கு கூட புற்றுநோய் மற்றும் இருதய நோய் வர வாய்ப்பு இருக்கிறது. கருத்தரித்த பெண்கள் இரண்டாம் நிலை புகைபிடித்தலுக்கு ஆளாகும்போது கருக்கலைதல் ஏற்படுகிறது. குழந்தையின் எடைகுறைதல் மற்றும் குறைமாத பிரசவம் ஏற்பட வாய்ப்பு உள்ளது.

நீங்கள் விட முடியும் ...

புகைபிடிக்கும் பழக்கத்தை முழுவதுமாக விட்டுவிட நீங்கள்தான் தீர்மானிக்க வேண்டும். இந்த முயற்சியில் உங்கள் நண்பர்களையும், குடும்பத்தினரையும் உங்களுக்கு உதவுமாறு கேட்டுக்கொள்ளுங்கள்.

புகைபிடிக்கும் பழக்கத்தை நிறுத்துவதால் ஏற்படும் நன்மைகளாவன:-

i) 20 நிமிடத்திற்குள் இரத்தஅழுத்தம் மற்றும் இதயதுடிப்பு குறைந்து சீராகிறது.
ii) 12 மணி நேரத்திற்குள் உடலிலுள்ள எல்லா நிக்கோட்டினும் வெளியேறுகிறது.
iii) மூன்று மாதத்திற்குள் இரத்த ஓட்டம் மற்றும் நுரையீரல் செயல்பாடு சரியான நிலைமைக்கு திரும்புகிறது.
iv) ஒரு வருடத்திற்குள் இதய இரத்தக்குழாய் நோய் ஏற்படுவதற்கான வாய்ப்பு சரி பாதியாக குறைகிறது.

புகைப்பழக்கத்தை விடுவதால் உங்கள் வாழ்க்கை சீராக அமைந்து, மற்றவர்களின் மரியாதைக்கு உள்ளாவீர்கள். தன்னம்பிக்கை, குடும்பத்தினரின் உதவி மற்றும் நண்பர்களின் உற்சாகம் உங்களை புதிய பாதைக்கு அழைத்து செல்லும்.

"புகையிலைக்கு விடைகொடுத்து அனுப்புங்கள்"

APPENDIX - E

PLAGIARISM REPORT

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APPENDIX - F

PHOTOGRAPHS

DATA COLLECTION

PRE TEST

VIDEO ASSISTED TEACHING

POST TEST